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General Assembly

Twenty-sixth special session

Official Records

7th meeting
Wednesday, 27 June 2001, 9 a.m.
New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 9 a.m.

Agenda item 3 (*continued*)

(b) Credentials of representatives to the twenty-sixth special session of the General Assembly

Report of the Credentials Committee (A/S-26/5)

The President: We shall proceed to consideration of the draft resolution recommended by the Credentials Committee in paragraph 15 of its report.

The Assembly will take action on the recommendation of the Credentials Committee set forth in paragraph 15 of its report. The Credentials Committee adopted this draft resolution without a vote. May I take it that the Assembly wishes to do the same?

The draft resolution was adopted (resolution S-26/1).

The President: We have thus concluded our consideration of agenda item 3.

Agenda item 7 (*continued*)

Review of the problem of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by *His Majesty King* Mswati III, head of State of the Kingdom of Swaziland.

King Mswati III: Six years ago, I stood here at the fiftieth anniversary summit of the United Nations and expressed the expectations of my people for a better world in the next 50 years. I spoke then of HIV/AIDS as the enemy on the horizon, and now our very worst fears have turned into terrible reality. Today we speak not of the hopes for future generations, but in terms of their very survival.

I say to you, my fellow members: my people are dying. They are dying before their time, leaving behind their children as orphans, and a nation in a continuous state of mourning. A quarter of all Swazis are already infected with the virus that causes AIDS, and we cannot avoid an escalating tragedy of truly frightening proportions.

We are all agreed that this summit addresses the biggest risk to global security. It requires the total commitment of all nations, because no country will escape the effects of this catastrophe. It is not just those of us closest to the fire who will get burnt: the heat will spread to every corner of the globe.

We leaders cannot afford to neglect our responsibilities in what must be a truly global effort to meet this challenge. We must not allow this effort to be undermined by political considerations, nor by a belief that the crisis is confined only to certain areas of the world.

The Kingdom of Swaziland understands its responsibilities. Every resource is strained to the limit to help our people through prevention, education, care

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and treatment. We are grateful for support in our efforts from the United Nations agencies and from our international partners. But our combined strength is as nothing in the face of the tidal wave that has broken over us. We need much, much more.

However, we are not standing idle, with hands outstretched. We are searching for home-grown solutions to the different aspects of the crisis. The tradition of the extended family and of community spirit is the basis for our approach to providing care and support for the needy. We depend increasingly on the traditions and culture of the past for guidance — especially in the promotion of abstinence. Our traditional healers have much to offer in research partnerships involving modern-day techniques and effective medicines. Our healthy local foodstuffs provide the right nutrition to those in need. Meanwhile, given the limitations of our finances, we are looking to raise funds by exploring beyond the routine, targeting the huge reserves of goodwill and compassion among the communities of the world.

Inspired by the example of the global response to the live aid event "We are the world", we will be issuing later this year an album of music by international artists, called "Songs for life". Its title carries the message of hope in the global language of music, and the proceeds will go directly to HIV/AIDS programmes throughout southern Africa. This is the first in a programme of projects under the banner of the royal initiative to combat AIDS, and it needs and deserves the support of all who would help us in the struggle.

We have found that there is a ready response from all who learn of the crisis in the developing world. We are grateful to the United Nations for organizing this special session. It, too, will play an important part in raising awareness and gathering resources for programmes that must make a difference to those who are suffering.

This afternoon we will lend our names to a declaration of war against HIV/AIDS. Our peoples must see clearly that we have a strong, global alliance that will remain united until victory is won. Our words must be backed up by action, and we must all show that we are serious in our commitments of support, of funding and of resources.

The success of this special session, and the only justification for its substantial expense for us all as Members, will be measured in terms of a reversal in the numbers of the dead and the dying. Our people can accept nothing less than that.

The survival of my own nation and of many others facing the same fate hangs in the balance. I call on the entire membership to rise up in an unprecedented spirit of cooperation, compassion and love for one another, so that, together, we can mobilize the finances, materials and skills that we need to bring relief to the suffering, and hope for the future.

May Almighty God have mercy on us all.

The President: The Assembly will now hear a statement by His Excellency The Honourable Said Musa, Prime Minister and Minister of Finance and Foreign Affairs of Belize.

Mr. Musa (Belize): Twenty years ago, when the disease known as AIDS was first diagnosed, the magnitude of its effects was unforeseeable. Few, if any, considered that it would become the most devastating epidemic in modern human history. With over 22 million people dead and another 36 million infected, HIV/AIDS poses one of the greatest threats to economic, social and human development, creating higher levels of poverty and increasing the risk to our already fragile societies.

In the face of this enormous and frightening challenge, I joined with other heads of State and Government at the Millennium Summit last September to commit ourselves to halting and reversing the spread of HIV/AIDS by 2015. Today I return to the United Nations and join the Assembly at this special session to offer the pledge of the Government of Belize to engage in a global effort to accomplish this objective.

The excellent report of the Secretary-General, the preparatory meetings and the subsequent deliberations by experts have led to a draft declaration that provides us an opportunity to support and inspire each other to pool our resources in order to fight back in the firm and certain conviction that together we can win the battle over AIDS.

In November of 1999, at the Commonwealth heads of Government meeting in South Africa, I joined my 53 other colleagues in personally pledging to fight the HIV/AIDS pandemic. In February, at the conference of heads of Government of the Caribbean Community in Barbados, we formulated a Partnership Declaration, which followed the creation of a

Caribbean Task Force on HIV/AIDS. A few weeks ago, at a meeting with heads of State and Government of Central America and the President of the Republic of China on Taiwan, I raised the issues of HIV/AIDS in our region and received the latter's assurance of assistance.

Belize is both witness and subject to the ravages of this terrible disease in Latin America and the Caribbean. As a part of the region, we are faced with the staggering statistics showing that the Caribbean has the highest rate of HIV infection in the world after sub-Saharan Africa, and that AIDS is the single greatest cause of death among our young people. In Central America, we are threatened by the ever-increasing rate of infection, particularly among disadvantaged and mobile populations.

In Belize, the national Health Information System is currently reporting a 4.01 per cent prevalence rate, ranking us as one of the highest in Central America and ninth in the Caribbean region. With a population of 250,000 people who live in small communities, the tragedy of HIV/AIDS directly affects many Belizean families and our human resources and productive capacities. The stigma associated with the disease encourages a culture of silence, resulting in underreporting and increasing attempts to deny and hide its existence. Our young people, especially those of poor and migrant families, are most at risk of contracting and spreading the disease along the fault lines of our society.

Once perceived to be driven by alternative lifestyles, HIV/AIDS now attacks more than our way of life; it attacks the very foundation of our society — the family. Today the face of AIDS in Belize is young and female. It has affected our personal as well as our political reality, changing how we think, how we love, whom we trust, what we teach our children and how we protect them. In short, HIV/AIDS has changed our lives.

Last January AIDS was declared to be one of the greatest health challenges facing Belizeans. As a result we established a National AIDS Commission chaired by the Minister of Human Development, Women and Civil Society. The primary responsibility of this Commission is to coordinate, facilitate and monitor the implementation of the National Strategic Plan, which aims to change attitudes and practices, implement intersectoral coordination and provide support services to persons living with AIDS. This multisectoral strategy addresses the issue of sexual behaviour and practices in Belize, encouraging responsible sexual behaviour and protection in addition to creating nationwide awareness of the disease and its consequences. The Commission is developing a national policy and legal framework to address issues of discrimination, education, migration and the criminalization of wilful acts of transmission. On a more personal level, issues of confidentiality, compassion and respect for the dignity and quality of human lives form an integral part of the National Strategic Plan. But we cannot stop there.

If we are to be effective in the long run, we must learn from the experiences of those caught in the centre of this whirlwind pandemic. This includes working harder to equalize the balance of power between men and women, especially for our women, who make up a large percentage of our poor. Gender equality is a critical component in the process of changing sexual behaviour. We know that only when a woman is free to choose how she lives her life will she possess the capacity to best protect herself from HIV/AIDS. We have also begun to deal with the vital issue of mother-to-child transmission protection.

Critical to our success is collaboration with the international community. Support in the areas of funding, research, information-sharing and access to affordable medicines and treatment is essential and requires timely and effective participation by all. We welcome the decision of the Secretary-General to engage the international business community in this campaign.

There is no longer an excuse to shy away from our collective responsibility in the face of this global malady. Every nation must lead its own response. Nothing can substitute for strong national commitment and ownership. An effective national response, however, cannot be successful in isolation. There is a need for global solidarity and support. If we are to lift the death sentence from the thousands of our fellow human beings who fall prey to HIV/AIDS daily, we must act together.

The Government and the people of Belize declare their full commitment to halt and reverse the increasing trend of this pandemic. We know this is a tremendous undertaking, but failure on our part to act decisively will condemn countless numbers, many in the flower of

their youth, to certain death. To fail would be to break the most sacred compact of all — the preservation and advancement of humanity. We have neither the time nor the resources to waste. The time for collective action is now.

The President: I now give the floor to His Excellency Mr. Pham Gia Khiem, Deputy Prime Minister of Viet Nam.

Mr. Pham Gia Khiem (Viet Nam): The devastation caused by HIV/AIDS is already quite clear to all. Spreading across continents and countries, the pandemic has not spared our own people. Since 1990, we have detected in Viet Nam over 36,000 cases of infection, accounting for about 0.1 per cent of the world's total. Among those people, over 5,000 have developed AIDS and more than 3,000 have died.

Certainly, the real number of infected people is many times higher. The prevailing situation presents us with the question of what we must do to realize the commitment made by the world's leaders last September in this very Hall of the United Nations to halt and begin to reverse the spread of HIV by 2015. We hope that on the basis of our common concerns and genuine efforts towards this end, we will be able to agree on a balanced final declaration of commitment on HIV/AIDS, which will constitute a great source of inspiration for national, regional and global efforts in fighting this fatal tragedy.

Let me briefly summarize the measures Viet Nam has been undertaking for the past 10 years to fight the spread of HIV/AIDS.

Considering prevention work crucial, we have been focusing our efforts on education and communication about HIV/AIDS, as well as on prevention measures for people in all walks of life, especially for groups having high-risk behaviours. As a result, about 60 per cent of the population has been equipped with basic knowledge about HIV/AIDS and prevention measures.

In addition, the Government has been strengthening measures to ensure safety in health-care services. We have tried to mobilize available resources to the maximum. Still, the number of HIV-infected people is increasing rapidly. It is projected that by 2005 there will be more than 200,000 people infected with HIV in our country, nearly six times the current number. The situation could be worse in the absence of effective measures.

Our experience shows that the following elements are essential in order to effectively fight the spread of this killer disease. First, there must be strong commitment from leadership at all levels. They must consider fighting HIV/AIDS an urgent and long-term socio-economic task.

Secondly, there must be a multisectoral approach, since fighting HIV/AIDS is a task not only for the health branch, but also for many other ministries and branches of Government, various social organizations and communities themselves.

Thirdly, the fight against HIV/AIDS must be integrated into the fight against drugs and into the control of unsafe sexual behaviours, especially among adolescents. It must be emphasized that success in the fight against drugs and controlling unsafe sexual behaviours are decisive for the success of the fight against HIV/AIDS.

Viet Nam welcomes and supports the efforts of the international community in the fight against HIV/AIDS, in which the United Nations plays an important and indispensable role. We highly appreciate the tireless efforts made by scientists worldwide in the search for a vaccine and special drugs that can save mankind from the pandemic. We call upon developed countries to increase assistance to poor developing countries, both in terms of expertise and resources. We appeal to pharmaceutical companies — for the sake of humanity and that of the lives of the unfortunate — to adopt policies aimed at making necessary drugs for treatment available to poor countries at low prices.

For its part, Viet Nam commits itself to cooperating with all countries, especially neighbouring countries and other countries in the region, and with international organizations, in the common fight against the spread of HIV/AIDS.

Finally, on behalf of the Vietnamese Government and people, I would like to express our sincere thanks to the United Nations, especially to the Joint United Nations Programme on HIV/AIDS, to countries and to international organizations worldwide for their effective cooperation and assistance.

The President: I now give the floor to His Excellency Mr. Kondi Charles Agba, Minister of Public Health of Togo.

Mr. Agba (Togo) (*spoke in French*): At the outset, on behalf of the delegation of Togo, allow me to express our warmest congratulations to Secretary-General Kofi Annan on the quality of his report presented to the twenty-sixth special session of the General Assembly, on HIV/AIDS, and on his personal commitment in the fight against this pandemic.

Mr. Gnassingbé Eyadema, President of the Togolese Republic and current Chairman of the Organization of African Unity (OAU) would have very much liked to have taken part personally in this session but was obliged to remain in Lomé at the last minute. He has given me the great honour of reading out his message to the Assembly:

"It is 20 years now since AIDS was discovered. Many of us here have already made an assessment of this catastrophe.

"I would like, as current Chairman of the OAU, to stress the awful ordeal that the African continent is going through, this affliction that, more than any war, is killing the continent.

"You have the figures. These are figures of shame, because it is unacceptable that we Africans be forgotten on the bottom rungs of history while the wealthier countries are moving towards hope.

"Is it right that in the West modern medicines that help HIV-positive people to survive are virtually free of charge, distributed by the various forms of social solidarity, whereas in Africa virtually almost all of the people who are HIV-positive do not have access to anything?

"Is it right that rich countries monopolize 90 per cent of the money spent on the fight against this virus, whereas 90 per cent of those ill are in Africa, dying and forgotten in the poor countries?

"We have to, for the sake of men and women — for the sake of humanity, I would say — bring about greater solidarity.

"Africans must have access to treatment.

"Medicines must be accessible to all.

"The revolt is already brewing. The richer countries seem to be pricking up their ears and are beginning to understand that this gulf between rich and poor cannot be tolerated. We have to act now.

"Let us be inspired by the decisions of the special OAU Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases, which met in Abuja on 25 and 26 April 2001. In Abuja, we declared that the HIV/AIDS situation was a state of emergency on the continent, and we decided to fight against HIV as a priority in our national development plans.

"In this regard, we made a commitment to undertake personal responsibility and to supervise the activities of the national councils and committees in the fight against AIDS. We also undertook to adopt all measures necessary to mobilize resources, and in particular to devote at least 15 per cent of our annual budgets to improving the health sector.

"We must always give all due importance to our only effective weapon at this time, which is prevention. In that vein, we need to use the most appropriate channels in order to help all communities, particularly the most vulnerable, and make each individual aware of his or her responsibilities and bring about a change of behaviour.

"Today, let us set up the global fund proposed by the Secretary-General, which will help in particular to develop research by helping the pharmaceutical laboratories, because although there are modern medicines available today, they do not cure the illness. As far as vaccines are concerned, they are a long time in coming.

"I make a solemn appeal today to the wealthy countries: do not ask the pharmaceutical laboratories alone to bear the efforts of solidarity, because it is on them and on their research that is based the hope for a real treatment.

"Let us not make again the mistake that we made with malaria. The pharmaceutical laboratories stopped their research on an anti-malarial vaccine on the grounds that it would not be profitable.

"Today, 20 years after the beginning of the HIV pandemic, perhaps now it is time to make the awful assessments, but I plead that this must also be the hour of hope and solidarity. Either

selfishness will win the day and the third millennium will get off to a very bad start, or, together, we will be able to make the choice for all men and women, and the word 'humanity' will again have meaning."

The President: I give the floor to His Excellency The Honourable Eliuel Pretrick, Minister of the Department of Health, Education and Social Services of the Federated States of Micronesia.

Mr. Pretrick (Micronesia): It is indeed an honour and privilege for me to stand before this gathering on behalf of my Government to address an issue of grave concern to my country, a country with a small and fragile population.

My country being a small one with a small population, I cannot overemphasize the negative impact the spread of HIV/AIDS will have on it. Any damage caused by the havoc of HIV/AIDS will be felt for a long time. My Government therefore appreciates very much the convening of this special session so that, together, the United Nations, in collaboration with other regional and international organizations, can work towards developing appropriate mechanisms to combat and to prevent the continuing spread of the HIV/AIDS virus.

The first case of HIV/AIDS infection in the Federated States of Micronesia was confirmed in 1989. This was a case where the victim was infected while living outside of the Federated States of Micronesia. However, as recently as a few months ago, and to the dismay of my Government, the first new case of locally acquired HIV/AIDS infection was discovered on one of the very remote atolls in one of the states of the Federated States of Micronesia. This unwelcome discovery has caused great alarm, and there is grave concern that the virus may have spread much wider than believed. This new information may seem pale and less significant in comparison to more seriously affected areas in other parts of the world. Nevertheless, the mere presence of HIV/AIDS in my country is a matter of grave concern which, in the view of my Government, must be taken very seriously and one which should be dealt with in the most decisive way to prevent any possibility of the situation getting any worse.

In any discussion of HIV/AIDS, one of the more sensitive issues centres on the question of human rights. Our discussions at this forum will undoubtedly impinge upon cultural and religious beliefs and, perhaps, it will even be necessary to impinge on personal lifestyles. This, however, is a disease that knows no bounds, and its indiscriminate reach knows no limits. We hope, therefore, that some flexibility can be exercised so that we can successfully tackle the issues of HIV/AIDS head on.

Prevention is another important aspect of dealing with HIV/AIDS. Precautionary measures must be considered in advance of any potential spread of the virus. This is not to suggest that the United Nations should change its focus of attention from its current course of action. On the contrary, my Government believes that all aspects of dealing with this deadly and indiscriminate disease must be dealt with in their entirety. The United Nations and its specialized agencies, and other regional and international organizations, should continue to assist countries that are seriously affected and, at the same time, be very active in reaching out to assist those which have not yet been so seriously affected. By doing so, the United Nations will succeed in preventing the spread of the HIV/AIDS virus from becoming a truly global problem.

It is obvious that one State cannot take on the responsibility of combating this disease by itself. In saying that, I am pleased to note that with assistance from the United States Government, my Government, in collaboration with the World Health Organization, has developed some short- and medium-term preventive educational programmes to deal with this matter in the four states comprising the Federated States of Micronesia. A comprehensive HIV/AIDS monitoring system and a community AIDS council have been established in the four states to educate the general public about HIV/AIDS. Additionally, we have been able to secure some assistance from some donor partners, which enabled my Government to establish and provide some basic preventive measures to high-risk individuals. While my Government sincerely appreciates these, I must indicate here that more assistance is still necessary for us to be more successful in combating HIV/AIDS.

Again, my country is small and is not endowed with many resources. On its own, therefore, it cannot effectively continue some of these programmes. As it is, we are experiencing difficulties in our efforts to combat other high-mortality diseases such as tuberculosis and diabetes. Members can imagine what

it would be like to combat a full-blown epidemic of HIV/AIDS in a State with a small population like the Federated States of Micronesia.

Having said this, my Government expresses very sincere appreciation to those Governments that have already made commitments to providing financial resources to the trust fund to combat HIV/AIDS and encourages those that have not yet done so to please follow suit by doing the same as soon as possible so that the effective fight against the continuing spread of the HIV/AIDS virus can be ensured.

In conclusion, my country takes this forum very seriously. We know that without the partnership and the collaboration of the United Nations and its specialized agencies, including other regional and international organizations, we will not be able to stop the threat and the spread of the virus. We hope that any decisions made at the end of this forum will assist all ongoing efforts to contain further spread of this disease. While HIV/AIDS is a global concern, its implications are national. Therefore, it is critical that agreements reached at the end of this important forum are within a country's means so that they can be effectively implemented.

The President: I give the floor to His Excellency Mr. Mamadou Saliou Diallo, Minister for Public Health of Guinea.

Mr. Diallo (Guinea) (*spoke in French*): In the Declaration of the Millennium Summit, leaders from all over the world made a solemn commitment to fight the spread of HIV/AIDS. In this way, they set themselves the goal of reversing the trend of prevalence of the virus and of cases of the disease by 2015. On this basis, the international community must help Africa, the continent most heavily hit by the virus, to achieve these objectives and to bring assistance to the orphans of the pandemic.

His Excellency the President of the Republic of Guinea, General Lansana Conté, is extremely gratified at the holding of this special session of the General Assembly, which is the expression of our common will to achieve the goal set by the Millennium Summit.

Africa, the continent that is paying the heaviest price today for the pandemic of the century, is fully cognizant of the danger that threatens its peoples. We need only see as evidence the forum on African development held in Addis Ababa in December 2000, the meeting of international experts held in Windhoek in November 2000 and the summit of the Organization of African Unity in Abuja in April 2001. All these events were an occasion for in-depth thought on prevention and treatment strategies for people with the disease, among which the mobilization of local communities and authorities at all levels appears to my country to be one of the most important.

Although Africans are fully aware of their primary responsibility here, the efforts of their leaders at all levels need to be supported and coordinated within a framework of genuine partnership among national and regional communities and the international community. In this respect, my delegation highly appreciates the Secretary-General's initiative to establish a global fund to fight AIDS and other infectious diseases, in particular malaria, tuberculosis and parasitic diseases, not to mention malnutrition, which is an aggravating factor for all these diseases and the rate of which is increasing constantly in certain regions of Africa. My delegation is pleased to learn of the pledges already made and appeals to all the relevant actors of the international community to pursue this humanitarian action.

In the light of the situation of the pandemic in the Republic of Guinea, the Government, on the instructions of the President of the Republic, has undertaken a broad programme of social and economic reforms. These reforms, inter alia, are aimed at reducing and stabilizing the number of virus carriers, control of the treatment of the sick and a full grasp of the socio-economic impact of the pandemic.

To this end, the National Health Development Plan — recently adopted by the Government and approved by the development partners as an integral part of the strategic document for poverty reduction — places special emphasis on the strategic plan for the fight against HIV/AIDS and other sexually transmitted diseases. This is also evidence of our Government's determination to fight effectively against the pandemic. Therefore, 70 per cent of resources resulting from alleviating the debt burden of the heavily indebted poor countries will go to social sectors, in particular health, education and rural development.

The situation of the pandemic in Africa today is such that the efforts of Governments and peoples will be in vain without exceptional international solidarity with regard both to prevention and to care for the

victims of the disease, by procuring essential antiretroviral medicines at a cost that is financially accessible for patients and Governments. Indeed, I would like to use this podium to ask how African countries — where nearly 50 per cent of the population live below the poverty line — can cope with their health needs, given the current cost of essential medicines, especially antiretroviral medicine. This is the essential question.

The President: I now call on His Excellency Mr. Osman Durmuş, Minister for Health of Turkey.

Mr. Durmuş (Turkey) (*spoke in Turkish; English text furnished by the delegation*): Epidemics have been a major threat to mankind throughout history. At times they caused great destruction; some even wiped out civilizations. Towards the end of the twentieth century, the world was shocked by the emergence of HIV/AIDS, which some describe as the plague of modern times. The World Health Organization, alarmed by the sudden rise of the threat, initiated studies in developing so-called second-generation surveillance techniques, underlining the relationship between social strata, changes in risk-bearing behaviours, and the connection with other contagious venereal diseases and pregnancy.

In Turkey, we are well aware of the problem and we are actively seeking solutions. Rapid industrialization and urbanization influence every aspect of social and economic development. Economic development, on the other hand, opens the way to a consumer society and individualism, thus leading to social changes in which large families gradually disappear and, consequently, traditional values erode. Moreover, Turkey, due to its geography, is prone to large population movements, which also contributes to high levels of risk. In spite of all these facts, we do not face a boom in HIV/AIDS infection in Turkey, as is the case for some parts of the world. Yet we are well aware that for various reasons the task of establishing the real dimensions of sexually contracted diseases is a rather difficult one.

My country is still among those least affected by this disease. Of the 1,141 cases reported between 1985 and 2000, two thirds of the individuals were carriers of HIV virus, while the rest were in the advanced stages of the disease. But it is significant that 14 per cent of these cases were reported in 2000. This could also be seen as pointing to a higher level of awareness among the public. The majority of the cases are in the 25-to-35 age group, the disease having possibly been contracted at younger ages. Although the majority of the infected persons are male, the number of infected females is rising.

According to statistics, more than half of the infected persons contracted the disease through unprotected sex, mainly heterosexual relationships. Ten per cent of the total number are drug users, while cases traced to blood transfusions remained at 0.4 per cent. Persons who lived or travelled abroad constitute 25 per cent of the total.

In Turkey, measures have been taken to provide health care for all HIV/AIDS patients. The State also covers the expenses of those patients who for any reason are not covered within the existing health care system. Various voluntary and non-governmental organizations are also active in supporting the efforts of the State in providing financial assistance, employment and psycho-social counselling to HIV/AIDS patients to overcome their ordeal, as well as supporting the further development of existing specialized medical facilities.

Efforts to change social behaviour, educational measures to improve awareness and improvements in self-protection are now bearing fruit. One palpable result deserving of mention is the increasing use of condoms. As mentioned above, educational programmes, essentially similar to those in other countries, have been proven instrumental in slowing the spread of the HIV virus.

Finally, we are well aware that unless effective and extensive prevention measures are taken, HIV/AIDS may become a serious threat in Turkey as well. Equally, efforts must be made to prevent AIDS from disrupting, through prejudice and discrimination, the very structure of families and of society as a whole. Problems arising from this disease should be discussed openly in all related forums, while efforts should be made to overcome secretiveness and other cultural and traditional restraints that prevail in society. Likewise, safe sexual behaviour and the use of condoms should be encouraged. AIDS patients and their families should receive counselling so that they do not retreat from society and risk falling into depression.

We commend the efforts of several international bodies, headed by the United Nations, which have resulted in the reduction to around $600 of the per

patient cost of those drug combinations that slow or contain the progress of the disease. However, even this price is still beyond the reach of many countries, as the funds they can allocate to health services are limited. It seems this insufficiency will not be overcome in the near future. In our opinion, more international assistance must be forthcoming to support this struggle. Turkey certainly appreciates the willingness of the developed countries to contribute generously to the fight against HIV/AIDS. But we also draw attention to the need to tailor specific programmes which recognize the social, cultural, and economic realities of the recipient countries, rather than imposing standardized programmes on them.

The President: I give the floor to Her Excellency, Mrs. Sarah Flood-Beaubrun, Minister for Health, Family Affairs, Human Services and Gender Relations of Saint Lucia.

Mrs. Flood-Beaubrun (Saint Lucia): Very soon the day will come, if it has not yet arrived, when everyone — not only those sitting in this room, but also those sitting in our parliaments and senates — will intimately know someone who is HIV positive or is dying of AIDS. There is still so much to do at the sensitization and advocacy level that it is embarrassing to admit that almost 20 years after the discovery of the virus, we are still taking about sensitization.

Without overstating the obvious, we have seen HIV/AIDS move from a health issue to a social issue, to an economic issue, to a development issue, to a national security issue, to an international security issue, and now to a sustainable human development issue. It can no longer can be ignored.

The economic impact of HIV/AIDS has already reared its head in sub-Saharan Africa, and from the projections of the Health Economics Unit at the University of the West Indies, HIV/AIDS will consume approximately 4 per cent of the gross domestic product of Caribbean countries in the next 10 years. This is no small attrition of a small country's gross domestic product. As such, this projection cannot be taken lightly.

The Government and people of Saint Lucia remain committed to maintaining the struggle in the battle against HIV/AIDS and wish to categorically declare our country's support for the sentiments already expressed by our colleagues of the Caribbean Community who have spoken. We acknowledge that, at this time, it is important to recognize that the struggle against HIV/AIDS is not an individual effort but a collective one, and more so for us in the small Caribbean States. We specifically wish to endorse the contribution made by the Prime Minister of Barbados, Owen Arthur, to the effect that the response to HIV/AIDS should be a three-pronged approach and endorse the view that any such approach should include a search for a cure.

We would like to propose two additional strategies to this approach: first, adequate allocation of the funding of the Joint United Nations Programme on HIV/AIDS to the Caribbean as the second hardest-hit area, second only to sub-Saharan Africa; and secondly, considering the economic impact of HIV/AIDS on the labour force of small island States, the fact that countries are making domestic commitments to deal with the disease, and that tourism is the fastest-growing sector of the Saint Lucian economy, not to mention the growing perception of sex tourism. We would like to propose that any international funds which are made available to combat the epidemic should be available on a grant basis and accessible in particular to small, vulnerable States like Saint Lucia.

My Government looks forward to an open, transparent discussion of the governance, use and criteria for access to the proposed global fund. We view this charitable initiative as a good supplement, but not as the solution, to addressing the emergency of the magnitude that we face. Of paramount importance is the immediate and adequate adjustment of the rules of the World Trade Organization, in particular the Tripps Agreement, to allow countries to produce affordable drugs to deal with this development crisis. This is a more sustainable solution to the obstacles of access and affordability, which must be addressed if we are to make a meaningful contribution and difference to the millions of people sentenced to death.

We wish to urge that all efforts be made to ensure that the funds flow to the countries most in need, including in the Caribbean. One of the major issues that needs to be actively addressed in the region is the mobilization of resources to fight this growing public health and development problem. The University of the West Indies has stated that a conservative estimate of the cost of a comprehensive response by the Caribbean countries to successfully combat HIV/AIDS is $260 million annually over the next five years. Several

donors have already committed to funding the regional strategic plan for HIV/AIDS.

Treatment, care and support continue to be probably the single most underrepresented and unaddressed issue in the region. This is not restricted only to the issue of medication, but also includes access to care. The most fundamental and critical component of the treatment of AIDS is access to affordable medication. Sadly, because of a lack of access to antiretroviral therapy, those diagnosed with HIV/AIDS continue to suffer as a direct result of the prohibitive cost of treatment with antiretroviral drugs.

The crucial issues still affecting us in the Caribbean region — more specifically, the small island States — are infrastructure, education and access to affordable drugs. In addressing access to affordable drugs, my Government would like to reiterate the importance of taking fully into account the development dimension of this epidemic and the need for financial and trading institutions to grant access to concessional financing and assistance to structurally weak, small and vulnerable economies like Saint Lucia's. This is a necessary source of development financing denied our economies in our efforts at addressing development challenges.

In the scenario of Saint Lucia, with a population of 150,000, the statistics suggest that, since the diagnosis of the first case in 1995, 284 HIV-positive cases have been reported; 136 — that is, 48 per cent — have developed AIDS and 126 — 44 per cent — have died. Despite the fact that significant efforts have been made at the national level to mitigate the impact of the epidemic on the population, including mother-to-child transmission through prophylactic management through the administration of AZT to pregnant women, the epidemic shows no signs of abating.

We still need to strengthen our surveillance and testing capacity in terms of securing a wider coverage of persons volunteering for testing. This continues to pose a major public health challenge. Therefore, at this time, we still do not have a true picture of the extent of the prevalence of the disease in Saint Lucia. We believe that, with sustained commitment and initiative, such as this one, together with the necessary international support and commensurate funding, a solution to the HIV/AIDS pandemic will soon be at hand.

The President: I give the floor to His Excellency Mr. Charles Goerens, Minister of Cooperation and Humanitarian Action of Luxembourg.

Mr. Goerens (Luxembourg) (*spoke in French*): Twenty years ago, when HIV/AIDS was clearly diagnosed for the first time, it was an unknown syndrome killing young people in isolated cases. Twenty years later, it has become the worst epidemic of modern times, compromising the development of entire countries. It has lowered life expectancy once again to below 45 years.

Luxembourg had its first case of HIV infection in 1984. Since then, there have been approximately 30 new infections a year, with a slight increase over the past two years. In total since 1984, 470 infections have been diagnosed in Luxembourg, 95 of them in women. The most common vector for infection is sex. In total, 100 people have died of AIDS.

At the world level, the figures are frightening. All sectors of society are affected, seriously jeopardizing development in general and economic development in particular. Like the Secretary-General, we have set four objectives in this fight: prevention; preventing mother-to-child transmission; access to treatment and care; and the protection of vulnerable groups, collateral victims and, above all, orphans.

Political commitment is crucial to achieving these objectives. Civil society and local communities must be involved. The role of women must be enhanced to allow them to protect themselves and their children. We must strengthen medical structures so that, through arduous work, we are able to have the largest possible impact on prevention and treatment. Of course, without the necessary financial resources, the fight against AIDS, malaria and tuberculosis cannot be won.

Luxembourg has also reacted in the area of international cooperation. It has regularly increased its budget for development assistance in the course of the past decade, surpassing in 2000 our goal of allocating 0.7 per cent of our gross national product to official development assistance. We intend to achieve the objective of 1 per cent in 2005. Health is one of the priority sectors in Luxembourg's cooperation, including the fight against HIV/AIDS. In parallel with bilateral programmes for target countries receiving our development cooperation, Luxembourg is also involved multilaterally in the fight against the epidemic.

In 2000, Luxembourg participated in the coordination council of the Joint United Nations Programme on HIV/AIDS and wishes to congratulate Mr. Piot and his team. In 2001, we have contributed approximately €500,000 to the programme, as well as €125,000 for the evaluation process. We expect to be able to do even more in 2002. Luxembourg firmly supports recent European initiatives, particularly the action programme of the European Union known as Accelerated Action Targeted at Major Communicable Diseases Within the Context of Poverty Reduction.

The charging of different prices in different markets will help make medicines available to patients who heretofore have had little or no access to them. Some pharmaceutical and multinational companies have already implemented such an approach. It can be complemented by measures to hinder re-importation. However, reducing prices will not provide a miracle cure.

This is why Luxembourg is taking part in the European initiative of solidarity in the provision of therapeutic hospital care for HIV/AIDS patients. The goal of this initiative is to make available medicines and to provide medical treatment and psychosocial care, as well as regular laboratory analysis and resistance check-ups. This approach is also part of a more global undertaking and is in addition to our bilateral and multilateral contributions.

In the Niger for four years we have been carrying out a major prevention project. In Rwanda we have contributed to the creation of an important national blood-transfusion centre. In Burkina Faso we are cooperating on the creation of a blood-transfusion centre that also includes several regional units. In 2000 we have applied a total of 2.4 million euros to our various projects, and we are going to increase these efforts. According to the Organisation for Economic Cooperation and Development, my country has the highest ratio of expenditure to gross national product.

The fund that has been proposed here will be integrated into our action programme. We note with satisfaction that there is a new dynamism with regard to marshalling the necessary financial resources to fight HIV/AIDS. Once the operational modalities and the management structures are in place, Luxembourg intends to contribute to the fund some 1 million euros. Similar contributions are foreseen for 2002 and 2003. These efforts are of course in addition to the contributions already mentioned.

We must without delay move on to the implementation of our programmes and keep in mind that the prevention and treatment of HIV/AIDS demand a new, direct approach. The desire to save human lives is part of all cultures, and without a doubt it is this highest goal that we are seeking to attain.

The President: I give the floor to His Excellency The Honourable Frixos Savvides, Minister of Health of Cyprus.

Mr. Savvides (Cyprus): Humankind is facing one of the worst health crises in its history. The HIV/AIDS pandemic has left no corner of the world untouched, and it is already affecting progress and development in many countries, challenging development goals, as well as most of the socio-economic achievements of recent decades.

The countries most affected have found themselves in a state of emergency, requiring urgent measures for the reversal of the spread of the epidemic and its disastrous impact on social and economic stability, food security and the life expectancy of their populations. Communities with weak economies are hit hardest and are gradually deprived by the epidemic of the very means that are needed for effective responses against it.

The countries least affected by HIV nonetheless face the risk of sudden and dramatic bursts of the epidemic, especially among the high-risk groups and people suffering from the effects of armed conflict, violence and sexual exploitation. Many women, even in societies with institutionally protected human rights, are often placed in situations of vulnerability regarding their sexual safety and freedom of choice.

The global nature of the epidemic calls for urgent and concerted action that will bring together all the resources needed for an effective response, since no country can bring about the necessary changes alone. International support, solidarity and cooperation are of paramount importance, not only on humanitarian grounds, but also in the effort to win the battle against this challenge to global prosperity and development.

We consider the role of the United Nations central to the efforts to counter the scourge of HIV/AIDS. In this respect, we salute the Secretary-General for his determination to make this issue a priority, in

order to direct all of us in taking effective action. We welcome United Nations efforts to implement policies regarding its own personnel that would safeguard them from this terrible disease.

Cyprus has faced the HIV/AIDS problem since 1986, but remains a low-prevalence country. The main modes of transmission are homosexual and heterosexual intercourse, with a very small proportion of the people diagnosed with HIV being women; minimal risks for perinatal transmission and for transmission through blood; and, for the moment, very low rates among drug users.

The epidemic has been addressed as a priority issue since the first AIDS case was reported, through the development of an initial strategic plan in cooperation with the World Health Organization and the establishment of a National AIDS Committee, with the participation of representatives from all relevant Government departments, private enterprise and civil society. Financing and funding mechanisms were rapidly put into place to support people infected with HIV and to implement educational campaigns among the population and groups at special risk. Hospital care, laboratory testing, counselling and medical treatment — including the most advanced combination of treatments — have been offered free of charge since the beginning of the epidemic. Blood safety has been ensured from the start, through universal screening for HIV and other pathogens, the promotion of voluntary, non-remunerated blood donation and the rational use of blood. Though encouraging, these facts do not warrant complacency or a relaxing of measures to tackle the epidemic, since factors such as risky sexual behaviour and increasing use of drugs are known to exist from everyday experience and from the results of behavioural studies.

The situation is being monitored through routine and sentinel surveillance, as well as studies related to behaviour, among several groups of the population. The basic principles that have guided all our efforts so far — which relate to prevention of the transmission of the virus through sexual intercourse, perinatally and through blood, as well as to the social support of those affected and infected with HIV and AIDS — will be the mainstay of the third medium-term plan, currently under preparation. Special attention will be given to the protection of the most vulnerable groups, with strengthened measures for the prevention of the transmission of the virus through the use of intravenous drugs, the development of a gender-management system in the health sector, the promotion of the sexual and reproductive health of men and women alike, the integration of the gender perspective in all health-related sectors of the economy, and the development of non-discriminatory and protective legislation for those affected or at special risk of HIV/AIDS and for society at large.

In addition, appropriate health-education programmes will be further developed for groups considered to be at high risk, as well as for students and young army recruits. Existing services for treatment, counselling and socio-economic support in relation to HIV/AIDS and the infrastructure for the development of epidemiological and behavioural research in relation to AIDS and sex are in the process of being strengthened.

Cyprus welcomes all international efforts directed towards effective action to deal with this global problem. We salute the Secretary-General's initiative to create the special fund and welcome the commitment of developed countries to support it — particularly, the commitment of the European Union, with whose statement Cyprus has aligned itself. We have no doubt, especially after having heard the statement by United States Secretary of State Powell, expressing the commitment of the United States to continue playing a leading role in this effort, that the battle can and will be won. In this respect and along these lines, Cyprus commits itself to supporting all international efforts to face the challenge of achieving a planet free of the HIV virus.

The President: I give the floor to His Excellency Mr. Boydiel Ould Houmeid, Minister of Health and Social Affairs of Mauritania.

Mr. Ould Houmeid (Mauritania) (*spoke in Arabic*): It is a great honour for me to address the Assembly on behalf of the President of the Islamic Republic of Mauritania, Mr. Maaouya Ould Sid'Ahmed Taya.

The holding of this special session of the General Assembly and the increasing number of conferences and initiatives, both international and regional, are evidence that humanity is in the process of taking full measure of the immense challenge that the HIV/AIDS pandemic represents for its very existence and future. The extent of physical and emotional suffering caused by the virus in some 20 years and the disconcerting

speed with which it has spread speak for themselves and provide ample justification for worldwide mobilization in the face of an enemy that knows no frontiers.

Statistics show that the African continent is, by far, the most affected by this epidemic, having more than two thirds of the carriers of this virus in the world. But we do not want to believe that Africa's destiny is to live with this disease. The fact of the matter is that the correlation between the conditions for the spread of the disease and the socio-economic situation of the people has become increasingly obvious.

From this standpoint, the fight against the AIDS epidemic can be considered effective only within the framework of a global strategy of the fight against poverty and underdevelopment. It requires immense resources both for the prevention of the disease and for care and follow-up for patients. That is why Mauritania is highly appreciative of the proposal made by the Secretary-General, Mr. Kofi Annan, to establish a global fund for AIDS prevention.

Our country has by no means been spared this horrific pandemic, with its challenges and causes for concern. On the contrary, statistics from the World Health Organization and UNAIDS estimate that the number of HIV carriers in our country has exceeded 6,000. And the trend, unfortunately, is an upward one, fostered by the extreme mobility of the people, both within and beyond our borders. The national authorities at various levels in the country are aware of the gravity of the problem, and have mobilized their resources accordingly.

A decentralized and multisectoral approach has been adopted, and is reflected in the establishment of a national coordination board for AIDS prevention, made up of a dozen ministerial departments and representatives of civil society and public-health services. Sustained efforts have been focused on awareness and the involvement of all members of society, including members of parliament, religious figures and grass-roots organizations in the AIDS-prevention process. Our goal is to establish a national strategic plan capable both of sustaining efforts made at the national level and absorbing and sharing efforts made at the international level.

The high level of this gathering and the urgent tenor of the statements made here are clear evidence of the degree of commitment of the international community. It is our great hope that the decisions that emerge from this session will measure up to the challenges and the expectations of all who are faced with this terrible scourge.

The President: I give the floor to Her Excellency Ms. Monica Còdina, Minister of Health and Welfare of Andorra.

Ms. Còdina (Andorra) (*spoke in Catalan, English text provided by the delegation*): Twenty years ago the first news broke about this disease, HIV/AIDS, and today, after two decades, we as Member States of the United Nations are meeting here to decide what measures can alleviate the terrible personal and community tragedy that has arisen during this period.

When we received the call of the Secretary-General to hold a special session, we asked ourselves what we could contribute and also what we could take from all the experience that has so far built up in this field.

During these years, in Andorra we have had to learn to live with this disease, to help those suffering from it and to prevent its spread among the population.

First of all, Andorra wishes to express its solidarity in the dramatic situation being suffered by many countries and its undertaking to all those suffering from it that their right to a life with dignity should be respected in all places.

After this special session, the taboos surrounding the illness, which make the life of many of those affected a tragedy, must disappear. They all have the right to health care, and everyone has the right to be respected as a person wherever he or she carries out his or her activities.

We are fully convinced that prevention is the best way of fighting the spread of the disease, and we share the opinion of UNAIDS — to which we take this opportunity of expressing our thanks for the enormous effort it is making in its daily work and has made in preparing this session — when it stresses, among other things, that efforts must be concentrated on young people.

We would also add that encouraging community structures in which the family and the school have a basic role is one of the most efficient ways of bringing the challenges caused by the existence of HIV/AIDS

clearly and precisely to the notice of the younger public.

For our part, in Andorra, we have attacked the subject of HIV/AIDS from various angles, but insisting above all on the question of prevention and targeting first and foremost the adolescent and young population. Among our more notable actions are the following.

Every year for World AIDS Day, specific information aimed at young people is published, and information campaigns are carried out in leisure centres. As teachers are considered to be the main health agents in schools, various training activities aimed at this group have been carried out so that they can pass on true and useful information to their students.

In 1999 the Ministry of Education, Youth and Sports, together with the Ministry of Health and Welfare and the Caixa-Banc Foundation, organized the AIDS and Youth Forum, which every year includes activities carried out by secondary school students, culminating in days of debate.

Since 1993, Andorra has a youth information and care service where HIV tests are carried out freely and anonymously and all necessary information is given out, whether on prevention or on health and social care.

In the days of preparation leading up to World AIDS Day 2000, an action targeting women was carried out: informing women in their workplace.

One issue that deserves our particular attention is the difficulty faced by many women and girls in many areas of the planet in resisting the epidemic. We are convinced that after this special session there will be a series of specific policies that will take into account the needs of the female population, which is gravely affected by the disease and needs a set of measures aimed at protecting it effectively.

A basic element related to all these points is access to medication. In recent months we have seen how pharmaceutical companies have begun important changes in their sales policies. Here we would like to encourage them to continue in this vein and find a way of facilitating access to medicines for those sectors of the population that have most difficulty in obtaining them. In Andorra, anyone affected has the right to receive all the necessary health care.

Secondly, we wish to add our voice to those of all the other speakers who have demanded that Africa be enabled to escape from the situation in which the spread of HIV/AIDS has affected a large part of its population. The fact that 36 million people are carriers of the virus worldwide and that 75 per cent of them are found in Africa is the clearest possible illustration of the magnitude of the situation in that continent.

We all know that the virus has destroyed the structure of society in many areas, that schools lose their teachers, that young people have to stay at home to look after the ill and that the number of orphans continues to rise. Here words can do no more. What is needed is clear, precise action and an undertaking including the firm will of every country to provide all the assistance needed by its own ill people and to prevent the spread of the disease, with the support of the international community, which must understand that this is not only a health crisis but a global one that affects any plan for social and economic development that may be undertaken.

We know that to achieve results much effort will be needed and that the first step is a firm commitment for financial help. In the draft declaration that we will adopt at the end of the session, we have accepted the figure of $7 billion to $10 billion as the sum needed to combat the illness, and we have stressed the need for joint participation by Governments and private bodies. No doubt this is one of the projects in which partnership is essential, because the whole of society must feel involved in the situation. With this in mind, I wish to announce that my Government has the intention to contribute $100,000 to the fund, and that it hopes that all countries will respond generously.

At the beginning of my speech I mentioned the fact of a need for a better understanding of the situation. I would now like to note briefly what we have learned since the emergence of HIV/AIDS. No doubt we are once again aware of our vulnerability as human beings. Many have compared the illness to the plague of the European Middle Ages. Nor can we ignore the similarity in reactions, which in certain times and places were fraught with obscurantism and superstition.

But today we know that with good preventive information, care and support for the ill, we can achieve a degree of control over the illness while awaiting a vaccine that will interrupt its spread. We

also know the enormous strength of the solidarity of all those groups of persons and organizations that have fought, are fighting and will continue to fight so that HIV/AIDS does not become a factor of discrimination forcing the ill to hide their condition.

In conclusion, I would like to stress that the courage shown by thousands of ill people should be the best lesson to enable us to face a future full of hope for all those affected.

The President: I now give the floor to His Excellency Sheikh Fazlul Karim Selim, Minister of Health and Family Welfare of Bangladesh.

Sheikh Selim (Bangladesh): I am honoured to be here today on this very important occasion. For the first time, the General Assembly of the United Nations has raised the important public health issue of HIV/AIDS for discussion. We are all here today to share our concerns, our progress and our challenges, and thus we can learn from the global experience and find ways and means to protect our future.

I am pleased to present some glimpses of Bangladesh's HIV/AIDS situation. I share the highest commitment of my Government, and particularly that of our Prime Minister, Sheikh Hasina, to the prevention of an HIV/AIDS epidemic in Bangladesh. This commitment has been the source of our country's extremely proactive HIV/AIDS prevention programme. Bangladesh started its HIV/AIDS prevention programme very early, in 1985, through the formation of a high-level National AIDS Committee, which I chair.

Bangladesh has formulated a national policy on HIV/AIDS and issues related to sexually transmitted diseases. Moreover, we have in place an implementation strategy and a behaviour change communication strategy to counter the threat of the disease to our population. Recently, we placed strong emphasis on the prevention of this problem. We have also expanded the national prevention programme to cover the entire country.

Learning from our experience and success in family planning, the prevention programme on HIV/AIDS has been mobilized while taking into consideration our religious practice, traditional family values and cultural ethics. We have accordingly involved our religious leaders, students, youth forces and community leaders in advocacy of the HIV/AIDS prevention programme in our country.

Due to the various positive steps we have taken, the prevalence of HIV/AIDS in Bangladesh is very low. We have only 157 reported cases of persons infected with HIV, out of a population of 127 million. However, given the wider perspective and magnitude of the problem, we urgently require financial and technical assistance from the United Nations special fund for HIV/AIDS and from the international community to safeguard our people from this devastating public health problem.

Our Cabinet recently approved legislation on safe blood transfusions and initiated a massive programme to screen blood in 97 centres across the country. This will be further expanded to cover the entire country through the establishment of a full-fledged national blood transfusion service, for which we also need special support.

I would like to inform this special session that our armed forces have a very effective HIV/AIDS prevention programme. Though Bangladesh is now the largest contributor of United Nations peacekeeping troops in the world, since 1988 only 3 cases of sero-conversion have been detected out of a total of 39,000 armed forces personnel so far deployed in United Nations peacekeeping and other foreign missions.

In spite of these achievements, we believe that we have a long way to go and that we cannot be complacent. Our big challenges now are building institutional capacity in order to be able to make optimum use of the resources we have mobilized. We require a range of assistance, from the technical to the managerial, and in both Government and civil society, in order to stay ahead of the epidemic.

On behalf of my Government and our country, I would like to avail myself of this opportunity to share our experience and renew our commitment to the United Nations to face this challenge together. I would like to draw the attention of this special session to the rapid growth of the AIDS epidemic in the countries of Asia, particularly in Bangladesh, which has put a large number of our population at great risk.

Members are aware of the fact that this killer disease is not limited by any geographical boundary. Escalation of economic activities, urbanization and globalization are all contributing to the rapid spread of

HIV/AIDS amongst the younger generation of our people. I therefore strongly urge the international community to provide adequate funds for Bangladesh with a view to addressing this emerging problem. We feel also that countries such as Bangladesh and others in Asia should have easy access to essential antiretroviral drugs to reduce the cost of treatment for HIV/AIDS patients. That would be a positive step forward to keep alive the hopes and aspirations of millions of our people.

The President: I call next on His Excellency Mr. Bohumil Fišer, Minister of Health of the Czech Republic.

Mr. Fišer (Czech Republic): I have the honour to speak here today on behalf of the President of the Czech Republic, Mr. Václav Havel.

Aware of the widespread HIV/AIDS epidemic, which is now in its third decade, the Czech Republic was one of the initiators of the open discussion of the problem. At this point I would like to express our appreciation to the facilitators of the preparatory process, Ambassador Ibra Deguène Ka and especially Ambassador Penny Wensley, for their tireless efforts towards completing the draft declaration of commitment.

There is no doubt that the HIV/AIDS epidemic is now a global crisis or that it constitutes one of the most serious destabilizing factors with respect to development and social progress. From the very beginning, the Czech Republic has taken part in the activities of the Global Programme on AIDS and of its successor, UNAIDS. Moreover, for many years we have closely cooperated with neighbouring European countries in the medical, social and economic areas.

Our country has so far been lucky, and it is not affected by the spread of the disease. It still ranks among the countries with the lowest HIV/AIDS incidence in Europe and indeed in the world. As of May 2001, there were a total of 514 HIV-infected persons registered in the Czech Republic. Of that number, 151 persons had already developed the clinical stage of AIDS; 90 people have so far died of the disease.

We are of the opinion that proper coordination at the national level is very important. Our Government closely collaborates with civil society actors, non-governmental organizations, economic and research institutions and people living with HIV/AIDS and their families. Our programme against HIV/AIDS is based on prevention. Both the governmental and the non-governmental sector are paying special attention to young people, and are enhancing sex and family education in our schools. Clear and open dialogue with all vulnerable groups is fundamental for further action.

Effective prevention is based on widely accessible voluntary HIV testing and on pre-test and post-test counseling. Each district of my country — and there are more than 80 locations for a population of 10 million — provides access to that type of testing. High priority is given to reduction of the risk of mother-to-child HIV transmission. As of 1 January 2001, HIV tests were mandatory for all pregnant women, with a view to administering free specific antiretroviral prophylaxis to all HIV-positive women. The first three cases of HIV-positive babies in the Czech Republic were a sufficient warning signal and, at the same time, provided a stimulus to give adequate consideration to this issue.

We also pay close attention to the availability of care and to quality of treatment in our clinical AIDS centres for people living with HIV/AIDS. Therapy and prophylaxis are covered by health insurance and by a national HIV/AIDS subsidy.

We recognize that the dimensions of this epidemic have grown beyond the control of individual countries, however rich or large they may be. The only possible way out of this situation is to mobilize all reserves in the area of the international cooperation, science and preventive activities that have proved effective in various parts of the world. I fully agree with the Secretary-General, Mr. Kofi Annan, that we cannot deal with AIDS by making moral judgements or by refusing to face unpleasant facts, and still less by stigmatizing those who are infected and making out that it is all their fault.

Here, let me quote from a message from the President of the Czech Republic, Mr. Václav Havel, whom I have been authorized to represent in this Assembly:

> "Allow me to express the hope that this session will contribute to closer cooperation among all countries in their efforts to prevent and eradicate this dangerous disease, which is a scourge for the whole world, and especially for African countries."

The President: I call next on The Honourable Mr. Clement Leo, Minister of Health of Vanuatu.

Mr. Leo (Vanuatu): Mr. President, I bring you greetings from the Government and the people of Vanuatu, and herewith pledge our support for the global effort in the fight against HIV/AIDS that is now materializing in this Assembly under your able leadership. Vanuatu associates itself with the statement that will be made by the representative of Tuvalu on behalf of the Pacific Island Forum countries.

Vanuatu, like Tuvalu, reports no confirmed cases of HIV/AIDS. Despite that clear success story, we have not been complacent. The Government of the Republic of Vanuatu and its health care sector have responded to the global HIV/AIDS challenge over the past decade. The Government is deeply concerned about the challenges and burdens that the epidemic has placed on human development and global security.

Vanuatu, in several respects, is vulnerable to becoming affected by this deadly disease. As a least developed country, Vanuatu is already vulnerable in many social, economic and environmental areas. Its high population growth is particularly felt in urban areas. It has a very young population, with 80 per cent between the ages of 15 and 25 years, who are highly vulnerable. High population mobility, increasing levels of unemployment and the alarming magnitude of traditional sexually transmitted infections are risk indicators for the spread of HIV/AIDS. That scenario, coupled with cultural factors and the lack of sophisticated technology for screening and testing, may well point to underreporting or to a lack of detection capacity.

Vanuatu is deeply conscious of the ravages of HIV/AIDS, which take their toll primarily in the productive sector of the population. This pandemic cuts to the very core of society and undermines all development strides achieved to date. Social and economic progress will be further hampered if the pandemic is not reversed. Least developed countries and small island States such as Vanuatu stand to lose even more if we allow the pandemic to take hold among our small populations, considering the many constraints we face even before infection is reported. Vanuatu is acutely aware of the fact that the devastating effects of this pandemic are debilitating already vulnerable members of our society: women, children and young people.

It is in this regard that we endorse the strengthening of human rights in our global fight against HIV/AIDS, especially for the vulnerable groups. Our prevailing cultural and religious prejudices urgently need to be revisited with regard to the obstacles as well as the potential on the global scale. In this regard, Vanuatu is confident that the human rights framework offers all of us the ideal scope within which are appropriate linkages to help us find solutions in our fight against HIV/AIDS.

Vanuatu hails the creation of the global fund for health and its emphasis on prevention strategies which are strongly aligned to the goals of many Governments. We acknowledge the countries, sectors and agencies contributing to the fund, and we look forward to meeting the targets that have been set by the United Nations. Only then can we begin to turn the tide in our global search for solutions 20 years after the HIV/AIDS infection was first detected.

In closing, we would be remiss to make no mention of the leadership role that the Secretary-General has rendered in this global struggle, which has profiled HIV/AIDS to this unprecedented level of United Nations action symbolized in this special session of the General Assembly.

Vanuatu looks forward to the adoption at this meeting of a bold, action-oriented, realistic and achievable declaration of commitments that will galvanize all international efforts and political will to date.

The President: I give the floor to His Excellency The Honourable Mr. Leslie Ramsammy, Minister of Health of Guyana.

Mr. Ramsammy (Guyana): More than two decades of the HIV/AIDS onslaught have already left an indelible impact on the social, political and economic fabric of our societies.

This special session of the General Assembly devoted to HIV/AIDS is overdue, but it must now propel us towards an international platform to forge the much-needed political will to address this pandemic and to identify clear goals and strategies to halt and reduce the spread of this dreaded disease. Success will depend to a large extent on our fight against prejudice, fear, denial and stigmatization and on our commitment to pursue a multisectoral approach with optimal

involvement of civil society and people living with HIV/AIDS.

My country, Guyana, is truly under siege and is on the precipice of disaster. HIV/AIDS threatens to decimate large numbers of our productive population. Unprecedented numbers of our children are being orphaned. The fabric of Guyanese society is being relentlessly torn apart, and our social and economic development is threatened with destruction. We hear the cries — we feel the pain — of our brothers and sisters in sub-Saharan Africa, where many nations are desperately trying to avert complete destruction in the face of the HIV/AIDS onslaught.

We join hands and raise our voices with our brothers and sisters in the Caribbean as we bravely fight back against the scourge of the HIV/AIDS pandemic. We are painfully aware, however, that the Caribbean is now ranked as the second-most-affected region in the world.

Guyana ranks as one of the most affected countries in the Caribbean, with a prevalence rate of 5.5 per cent. More than most, with great anxiety we watch the enormity of the disaster in many of our sister nations in Africa. The prevalence rates of 45 per cent and 29 per cent among sex workers and persons with sexually transmitted infections are not unlike rates seen in many African countries.

Guyana's strategic plan embraces partnerships with civil society organizations and persons living with HIV/AIDS. We endorse the UNAIDS ABC strategy. We are committed to the reduction of mother-to-child transmission and to addressing gender inequalities, stigmatization, discrimination and human rights violations. For us, treatment and care are inseparable from prevention efforts. However, we do not have the resources to implement this strategy effectively. This is not just our business; it is the world's fight. It is ultimately a fight against poverty.

Guyana is uncomfortable and impatient with more talk, nice-sounding rhetoric and declarations. Guyana wants action. The hesitancy, slowness and suffocating conditionalities in granting debt relief are allies to the scourge of HIV/AIDS in the world. For countries such as Guyana, debt relief must not merely mean the reduction of the debt burden, but must mean forgiveness of our debts. Debt relief received by Guyana has resulted in substantial investment in the social sector, leading to reduced malnutrition, improved maternal and infant mortality rates and greater educational opportunities for our children.

But HIV/AIDS has begun to erode the significant social progress that Guyana has made in the last decade. Unless my country can urgently access additional funds, our capacity to introduce and sustain programmes for surveillance, voluntary counselling, testing, capacity-building, building of the health infrastructure and providing treatment will continue to be severely limited.

Pharmaceutical companies, too, must further significantly reduce the price of antiretroviral drugs. Reduction of prices to approximately $1,000 per person per year is meaningless to us; they still exclude countries like Guyana. The offer of reduced prices should also be extended to the private sector so that more individuals could privately obtain antiretroviral drugs.

Using this crisis to profit is obscene. Guyana therefore salutes countries like Brazil and India for their efforts to produce drugs at more affordable prices. Such actions are imperatives that poor countries cannot ignore. The knowledge and experience of pharmaceutical companies in Brazil and India should be fostered, particularly in the context of South-South cooperation.

We would like to commend the international donor agencies and technical agencies for their support so far, but we urge that more be done.

For Guyana and poor countries, intensified efforts by researchers to develop a vaccine appears to be our tomorrow. We welcome the proposed global AIDS fund and express the hope that the fund will not become another window to place conditionalities on developing countries. The global fight against HIV/AIDS should not, and must not, be politicized. Too many lives are at stake.

The President: I give the floor to His Excellency Mr. José Francisco López Beltrán, Minister of Public Health and Social Welfare of El Salvador.

Mr. López Beltrán (El Salvador) (*spoke in Spanish*): Allow me to express, on behalf of the Government of El Salvador, our sincere thanks for the important work done in coordination with the Secretary-General to organize this special session of the General Assembly dedicated to examining the problem of HIV/AIDS in all its aspects, a pandemic

that has become one of the most formidable challenges to life and human dignity in the new millennium.

El Salvador is one of the most densely populated countries of Central America and one of those most seriously affected by natural disasters in recent years, such as hurricane Mitch and the two earthquakes in January and February of this year. It is also vulnerable to external economic conditions, such as the increase in oil prices and the decline in international coffee prices. All this has been within the framework of national efforts to consolidate democratic progress and national reconstruction following the civil war. This has required enormous economic resources, but above all educated, trained, healthy and participatory human resources.

El Salvador recognizes that the HIV/AIDS pandemic has the full potential to become a serious limiting factor to our development since its rate of incidence at the national level has been progressing rapidly over the last few years.

Given its structural causality and its social roots, this epidemic requires an effective and robust reply in which all the social actors have a basic role to play. In keeping with this reality, the Government of El Salvador is carrying out a joint effort with the non-governmental organizations that are a part of PREVENSIDA — AIDS prevention — and with international cooperation organizations, including UNAIDS, in order to face this pandemic. These joint efforts involving all these organizations are enabling us to make a difference at local, national, regional and subregional levels in Central America.

The Government of El Salvador has established alliances with all interest groups on the subject and has achieved important results through them, among which I wish to highlight the following.

First is a strategic prevention and control plan for sexually transmitted infections and HIV/AIDS, in which, in addition to the strategies for dealing with the problem, the specific role of each of the 23 participating organizations in the country is considered, as well as the economic contributions of each of these to strengthen and implement that plan.

Second is a draft national bill on HIV/AIDS drawn up in a participatory way that will be submitted shortly to the legislative assembly on the initiative of the Ministry of Health. It is important to point out that the provisions that emerge from this special session of the General Assembly will, of course, be incorporated into that law in order to make it relevant to our international undertakings.

Third is the strengthening and broadening of our response in the comprehensive management of infected and ill persons. In this context, the Ministry of Health has adopted new laboratory techniques for the proper management and follow-up of patients. We screen 100 per cent of the blood collected in all of the country's blood collection centres. Health personnel has been trained for pre- and post-test counselling, and shortly a confidential national hotline will be opened that will be managed by properly trained personnel.

Fourth is the updating of national standards for managing sexually transmitted infections and HIV/AIDS and treatment protocols with the wide participation of interest groups, professional sectors and academics, with the advice of international experts.

Fifthly, epidemiological monitoring is being maintained at the national level; in this way we guide our national monitoring and control policies and focus treatment. In that regard, treatment of adults, children and pregnant women with antiretroviral drugs has already been started in order to reduce vertical transmission of the disease.

Sixthly, with regard to programmes for the promotion and fostering of health, the Government of El Salvador promotes an intersectoral approach, which includes the participation of other Government agencies, such as the National Secretariat for the Family, the ministries of governance, education, public health, social assistance, the National Institute of Sports, the Salvadoran Red Cross, the Salvadoran Institute for the Protection of Minors, the Salvadoran Institute of Social Security, the Office of the Ombudsman for the Protection of Human Rights and the national police force. These programmes place special emphasis on young girls and boys in order to promote values and healthy life practices.

El Salvador considers it important to mobilize a subregional approach to the problem through bodies such as RESSCAD, COMISCA and SICA. These are ideal bodies for setting up common strategies for fighting this disease. We also request firm support for them, since we hope to achieve a greater impact through our programmes in the Latin American

context, given the enormous and dynamic exchange of goods, services and citizens between our countries.

The Government of El Salvador firmly supports the efforts of the General Assembly expressed in the draft declaration of commitment on the fight against HIV/AIDS, and particularly the creation of the global fund for HIV/AIDS and health, which will contribute to creating a barrier to contain this pandemic by concentrating on promoting health, the prevention of the disease and the appropriate treatment of affected persons.

We think it is appropriate and important to stress that Central America, and in particular El Salvador, has benefited from the cooperation of the Republic of China to develop health programmes, including those related to the fight against HIV/AIDS. Other developing countries and non-governmental organizations have also received that support in a spirit of solidarity and medical and humanitarian support, which we feel could be broader and more effective if the more than 21 million Taiwanese were represented in the World Health Organization, whose procedures have enabled non-members of the United Nations to participate as observers. This is an aspiration that we support.

Mr. Filonov (Belarus), Vice-President, took the Chair.

Finally, El Salvador is convinced that this pandemic has reached global dimensions, and that we are all vulnerable. Due to the nature of the epidemic, it requires a comprehensive, broad and coordinated response from the international community, whose members must strengthen their cooperation and share their experience and technical knowledge in this area, without exclusions of a political, ideological or any other nature.

The Acting President (*spoke in Russian*): I now give the floor to Mr. Martín Chiola Villagra, Minister of Public Health and Social Welfare of Paraguay.

Mr. Chiola Villagra (Paraguay) (*spoke in Spanish*): In the framework of the twenty-sixth special session of the General Assembly, Paraguay joins the international effort to intensify action towards the objectives of the fight against the AIDS epidemic.

The epidemic in Paraguay began in 1985 and then grew. By May 2001, 665 cases of AIDS had been reported. The prevalence of AIDS in Paraguay is low, 0.13 per cent of the population of about 5.4 million persons. The infected are predominantly male, with a greater incidence in urban areas and moderate incidence among users of injecting drugs. It is increasingly affecting women, heterosexuals and the poor, especially poor women. It is also increasingly spreading to cities in the interior.

In 1988 the Government of Paraguay established the national AIDS control programme, an institution reporting to the Ministry for Public Health and Social Welfare, which initiated measures related to prevention and assistance for the incipient epidemic.

It is worth underlining that the HIV/AIDS problem has been made an issue of State policy within the framework of academic reform, which permits educational institutions to take preventive actions targeting children and young people in schools. Actions have also been taken to benefit other vulnerable groups, among which we must mention measures targeting prison inmates who use intravenous drugs.

Since 1996 the Ministry for Public Health and Social Welfare has provided free, comprehensive attention to infected persons, including laboratory diagnosis, follow-up monitoring and the supply of antiretroviral medication. This is done without the existence of any legal provisions obliging the State to provide these services without charge.

Paraguay has represented South America in the coordinating body of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for three years.

The Republic of Paraguay proposes the following measures: to support the immediate implementation of a common fund for the fight against AIDS, directed towards prevention and assistance; to reduce inequality in health investments between countries of low and high prevalence; to increase international assistance for prevention in low-prevalence countries; to mobilize international lending agencies to provide non-repayable resources in the fight against AIDS; to recognize AIDS as a health problem that affects the economy and, in turn, the security of countries; to accept that the HIV/AIDS epidemic reinforces the vicious circle of poverty; to take immediate action so that international pharmaceutical companies reduce the cost of medication, taking into account the rights of the 36 million infected persons; and to consider the reduction of the foreign debt of poor countries affected by the AIDS epidemic.

As a Paraguayan, I bring this sincere message to the representatives of all the countries here at this international forum. Let us forget economic, racial, political, cultural and religious differences. The epidemic does not respect anything or anyone. It affects us all, and only a joint effort will allow us to win the fight against this terrible scourge.

Paraguay thanks the United Nations for this opportunity to debate and consult, which has brought us together. We hope that our next gathering will allow us to speak of achievements and fulfilled goals.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency Mr. Andrei Gherman, Minister of Health of the Republic of Moldova.

Mr. Gherman (Republic of Moldova) (*spoke in Russian*): It is a great honour for me to speak on behalf of the Government of the Republic of Moldova at this special session of the General Assembly on HIV/AIDS. I would like to express the hope that this forum will provide an impetus for further progress in the prevention of HIV/AIDS, as set out in the Millennium Declaration, and will help to promote coordinated international efforts in this area.

The Republic of Moldova shares the concern and alarm of the world community over the danger of the rapid spread of the HIV/AIDS epidemic throughout the world, and over its catastrophic and devastating effects. It is aware of the epidemic's potential threat to the well-being and safety of people throughout the world. Under these circumstances, our Government is taking energetic measures to counteract the disease. At the same time, we are increasing our participation in international cooperation on the issues of prevention, diagnosis, cure and the epidemiological monitoring of the spread of HIV/AIDS. We appreciate our cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the work of other organizations, aimed not only at prevention but also at attention to infected persons, which greatly reduces the danger of the further spread of this epidemic.

As a result of an analysis of the existing situation, making broad use of international experience and the support of UNAIDS, in the Republic of Moldova we have developed a strategy for the years 2001 to 2005. The national programme is designed to concentrate efforts on improving the situation, and preventing the spread of this and other infectious diseases that especially affect young people, vulnerable groups and high-risk sectors of the population. We are trying to make blood transfusions safe. We are trying to deal with intravenous drug-users. We are trying to provide full psychological support to HIV-carriers and the members of their families. The prevention of HIV infection and infection from other sexually transmitted diseases has been made a priority in the policy of the State.

The Republic of Moldova was affected by the HIV/AIDS epidemic starting in the mid-1990s, like most countries in Eastern Europe. It attaches great importance to prevention and the fight against this virus. Thanks to the legislative organizational and preventive measures taken, Moldova has a relatively low level of HIV/AIDS infection. At present, we have registered about 1,300 cases.

At the same time, the spread of the HIV/AIDS epidemic is clearly being influenced by the socio-economic situation — the worsening quality of life and increasing levels of unemployment, migration, prostitution and drug addiction. Approximately 83.4 per cent of all those infected with HIV are intravenous drug users. As a result of the expansion of the sex trade, the illegal export of young girls and women for the provision of sexual services and the increasing spread of sexually transmitted diseases, sexual relations are increasingly responsible for HIV/AIDS infection. As in other countries, in Moldova the HIV/AIDS epidemic particularly affects youths, with resulting negative consequences for the demographic and socio-economic situation.

The Government authorities and civil society of Moldova, recognizing the seriousness of the situation — the unfavourable outlook and the consequences of the epidemic — have confirmed their commitment to taking action to prevent the spread of HIV, viewing this as the most essential response to the epidemic. They have also confirmed their readiness to focus the State's efforts on and to seek the necessary resources to support the strategy that has been developed to combat the epidemic, and to care for and support people infected with and suffering from HIV/AIDS.

The Republic of Moldova is one of the sponsors of the United Nations resolution on the convening of this special session of the General Assembly. Moldova fully supports the report of the Secretary-General that was submitted to this special session and the recommendations of all the members of the

international community on how to combat HIV/AIDS. We believe that the main approaches set forth by the Secretary-General for waging this campaign provide the basis for preventing and fighting this deadly infection.

In this connection, I would like to note that at the national level more wide-ranging preventive measures are being taken to contain the epidemic, in accordance with the United Nations recommendations. In 1993 we adopted a law on the prevention of AIDS in the Republic of Moldova. This law establishes a national programme for the prevention of HIV and sexually transmitted diseases for the period 2001-2005, and other measures are being taken as well. A broad range of Government bodies and non-governmental organizations are involved in this preventive work. A campaign is under way to inform, educate and train the population, in particular the young. The goal is to promote healthy lifestyles and safe behaviour. With the support of international organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund and the United Nations Educational, Scientific and Cultural Organization, as well as the Soros Fund, we have carried out a series of projects to prevent HIV infection among vulnerable groups, first and foremost among intravenous drug users.

Because of the exceptional severity of the HIV/AIDS problem there needs to be vigorous international cooperation in the fight against this dangerous disease. The Republic of Moldova is prepared to work vigorously with international organizations, the Governments of other countries and non-governmental organizations on concrete, broad-based actions to combat this epidemic and implement the strategy for combating HIV/AIDS.

We consider it extremely important to strengthen the global coordination of the fight against HIV infection within the framework of the United Nations. The improved coordination should include technical support from UNAIDS, the United Nations Development Programme, the World Bank and the World Health Organization and through many bilateral and multilateral projects aimed at providing medical assistance and social support to those infected with HIV and those suffering from AIDS.

In conclusion, I would like to express my Government's full support for the United Nations initiatives aimed at combating HIV/AIDS and to express our confidence that this session of the General Assembly will effectively stimulate the development of coordinated measures to combat HIV/AIDS at the national, regional and international levels.

The Acting President (*spoke in Russian*): I now call on His Excellency Mr. Yacoub Bin Youssouf Al-Masruwah, Deputy Minister of Health for Preventive Medicine, Ministry of Health of Saudi Arabia.

Mr. Bin Youssouf Al-Masruwah (Saudi Arabia) (*spoke in Arabic*): This is the first time that a special session of the General Assembly is being held to discuss the important and vital health problem of AIDS.

At a time when the world has become one village through advances in transportation and communication, and at a time when the rampant epidemic of AIDS and the resulting life-threatening forms of a disease that knows no borders have not been countered by an effective vaccination or a successful remedy, humanity should concentrate on fighting this health hazard through the implementation of effective preventive measures. Coordination, cooperation and exchange of ideas and experiences among all countries are particularly important in this regard.

In the year 2000 alone, 5.3 million new cases of AIDS have been recorded, with an increasing percentage of the afflicted being women and children. This is enough to prove that there is a need for action on the part of the international community through its governmental, civic and private organizations.

The Government of the Kingdom of Saudi Arabia realizes how dangerous this epidemic is and how threatening it is to human society all over the world. It shares with other Governments the responsibility of facing up to the task of the prevention of this epidemic and of stemming its spread. The Kingdom is committed to those international recommendations and strategies that are aimed at fighting this disease and that are in conformity with the teachings of Islam. It endorses and welcomes all the efforts of official and civic bodies at the international, regional and local levels, and the accompanying exchange of experience and the meetings at all levels devoted to fighting the disease.

Within its jurisdiction, the Government of the Kingdom of Saudi Arabia provides every preventive and therapeutic service to its citizens and residents as

part of its social and health services. It follows closely international efforts, including those of the United Nations, the World Health Organization and other organizations of which the Kingdom is an active member. It supports all their efforts to control this disease.

To control the infiltrating of the malady into the Kingdom, the Ministry of Health has established a plan for carrying out a national programme at the central and regional levels. At the central level, a national programme to combat AIDS was established in accordance with the strategy to combat the disease and protect the country from the dangers of its spreading. A scientific consulting committee was established to assist the executive branch in dealing with the technical aspects related to AIDS, such as selecting the medications and laboratory and counselling activities for health providers in clinics and coordinators in the national programme and in the various regions, as well as drawing up a strategy of awareness of the disease.

At the local level, coordinators were appointed for the national programme to combat the disease throughout the Kingdom of Saudi Arabia, where a follow-up of the cases is conducted and advanced remedies, counselling and preventive measures are offered for patients and their partners. These patients are followed up by specialists in the field of infectious diseases. The local centres conduct medical monitoring and surveys of high-risk groups.

In conclusion, the number of patients infected with AIDS in the Kingdom of Saudi Arabia is small, not exceeding 440 cases since the start of the national programme in 1985. The reason for this small number of infections is adherence to the religion of Islam, which prohibits sexual relations outside the confines of marriage.

Nevertheless, an awareness campaign was established by using the media to reach all groups, especially the young, which is the highest risk group in the Kingdom of Saudi Arabia. The programme emphasizes adherence to Islamic teachings and explains the dangers of the disease, its causes, its complications, the way it is spread and ways to avoid it.

The Acting President (*spoke in Russian*): I give the floor to Her Excellency Ms. Natsag Udval, Deputy Minister of Health of Mongolia.

Ms. Udval (Mongolia): Differences in views and passionate attachment to respective positions do not come as a surprise given that HIV/AIDS, since it was first reported, has exploded into a global threat and humanitarian crisis on a scale never seen before. While we differ in the extent to which we are affected, we are all in the same boat and all at high risk for HIV/AIDS. This is even true for Mongolia, which has only two reported cases.

This conviction and our sense of solidarity and compassion compel us during this session to put in place a global response to this global crisis. Yesterday, during the dialogue with people living with AIDS, organized by the International Red Cross and Red Crescent Movement, it was made painfully clear once again that the time for words is over, and that it is time to do it right. Our vision and resolve will decide whether millions of people throughout the world will be left to die or their lives will be saved.

We believe that a response to this global crisis requires a comprehensive, holistic approach. It needs to take into account a wide range of issues, from good governance and proactive policies to respect for human and reproductive rights. Leadership, community empowerment and building partnerships and coalitions with civil society and private business are required. Cooperation at the subregional and regional levels as part of a cohesive global response and more assistance for these efforts from international organizations, especially the United Nations, are also needed.

This approach is gaining momentum worldwide, and not least in the developing countries. However, this momentum needs to be supported by more financial assistance. The plight of developing countries — especially those most affected, which are facing this colossal crisis with such limited resources at their disposal — cannot be turned around unless more funding and assistance is made available. Thus, it is gratifying that so many countries have made significant pledges during this session in a show of solidarity and compassion.

The Mongolian Government welcomes the proposal for a new global fund on AIDS and health, tuberculosis and malaria, and believes that it must become operational and start its work early this year. We believe that, as the fund becomes operational, assistance must be provided to strengthen the health systems of developing countries, especially the poorest.

Risk-reduction interventions, preventive actions and national capacity-building must be among its priorities.

This strategy needs to involve assistance for efforts to make information about HIV/AIDS and its prevention more available and for efforts to educate populations, especially young people, particularly on the topic of sexuality and safe sex practice. Safe injection and harm-reduction activities must be supported, and efforts to reduce vulnerabilities should be encouraged.

As has been stressed during this session many times political will and commitment are of crucial significance for the successful implementation of the strategy. The Mongolian Government is committed at the highest political level. Mongolia, with such a high level of poverty, a struggling health-care system and increasing numbers of cases reported in the bordering areas, is extremely vulnerable.

To address the challenge and devise the national response, the National HIV/AIDS Committee has been set up with the Prime Minister as Chairman. A law on HIV/AIDS was enacted in 1995, and the first stage of the national sexually transmitted infection (STI)/HIV/AIDS strategic plan is nearing completion, with a second one starting soon. National funding for the plan has been increased substantially this year. The national information, education and communication strategy for prevention of HIV/AIDS and sexually transmitted infections (STIs) was adopted, and is being implemented. The Government is working closely with a number of non-governmental organizations and especially successfully in the outreach STI-HIV/AIDS campaign targeting youth and vulnerable adolescents. One example is the recent campaign that involved pop stars, business leaders and non-governmental organizations in educational and fund-raising events. The Government is working to improve syndromic case management of STIs and activities on STIs and reproductive health are being combined.

The Government is cooperating successfully with international organizations, especially United Nations agencies, based on the relevant memorandum of understanding. We are working to bring our cooperation with regional countries, especially with two neighbours, to a new stage.

I would like to take this opportunity to express the gratitude of the Government and the people of Mongolia to the Governments, non-governmental organizations and United Nations agencies and their staff that have supported our efforts for their selfless dedication and commitment.

More remains to be done, especially in the area of national capacity-building and education among young people. The availability, accessibility and quality of sexual, reproductive and diagnostic services and safe blood products must be increased to support other activities. To this end, the Government needs the support of the international community and civil society.

My delegation believes that the declaration will and needs to play an important role in giving impetus to the momentum in the global fight against HIV/AIDS, and we pledge our full support for the commitments it contains.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency The Honourable Dato' Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia.

Dato' Seri Suleiman (Malaysia): My delegation congratulates the United Nations on convening this special session on HIV/AIDS, which signifies the urgent nature of this pandemic. Seventy per cent of global adult HIV infections are due to heterosexual intercourse. Approximately one third of them occur through mother-to-child transmission, and a significant percentage through the sharing of contaminated equipment by injecting drug users.

Malaysia has not been spared. More than 40,000 cases of HIV/AIDS have been reported since 1986, and of those almost 4,000 people have died. In recent years, approximately 4,000 have become infected annually. While most are injecting drug users, we are also seeing an alarming rise in infections among women and children and through heterosexual transmission. Thus, Malaysia faces many challenges, not just in prevention but also in the treatment, care and support of those infected.

A multisectoral approach to prevention, treatment, care and support is essential. For instance, in the area of prevention the Government has limitations in reaching vulnerable communities. In this regard, we support the programmes undertaken by such non-governmental organizations as the Malaysian AIDS Council and other community-based groups, as well as religious leaders, women, young people and people

living with HIV/AIDS. We also encourage private sector involvement, both in providing financial support for prevention, treatment and care programmes as well as in incorporating HIV/AIDS education in the workplace. In addition, other Government agencies, such as the Ministry of Human Resources, the Ministry of Youth and Sport, the Ministry of Education, the Immigration Department and the National Drug Agency have ongoing programmes that address HIV/AIDS issues in their own spheres of work.

The major barriers to prevention in Malaysia are gender inequities, stigma and discrimination. As more women are becoming infected, many by their own husbands, the need to empower them to protect themselves is urgent. Recognizing the risk of mother-to-child transmission, since 1998 Malaysia has had a voluntary prenatal screening programme and provided Zidovudine to HIV-positive mothers and their babies. Recently, the Government has also started to provide free antiretroviral therapy to mothers as part of the continuum of care.

The stigma and discrimination attached to HIV/AIDS is, however, much more difficult to address, but it needs to be confronted. We recognize that more needs to be done to prevent discrimination against vulnerable groups and people living with HIV/AIDS. We support the efforts of non-governmental organizations in these areas. We are also consistently providing training to health-care and other relevant personnel to minimize discrimination and enhance the quality of care provided to HIV-infected individuals.

In terms of access to treatment, Malaysia is very concerned about the disparities between North and South that exist largely due to prohibitive prices. This inequity is unjust and inhumane. We wish to reiterate our disappointment at the existing barriers preventing the majority of HIV-infected individuals from obtaining equitable and affordable life-prolonging drugs. Access to those drugs should not be restricted by trade and patent-related issues. We very much hope that the draft declaration of commitment will redress this inequity so that deaths resulting from AIDS, and its impact on families and societies, will be lessened if not altogether prevented.

Although we are in agreement with much of the draft declaration of commitment, Malaysia is disappointed at the very low profile given to Asia and the Pacific, where 60 per cent of the world's population lives. While recognizing the magnitude of the African problem, the impending epidemic in Asia and the Pacific will far surpass anything previously seen if nothing is done today. It is our earnest hope that the proposed global health and AIDS fund will be appropriately apportioned to ensure that this future disaster will be averted.

In South-East Asia, where there are nearly 2 million people living with HIV/AIDS, the 10 countries of the Association of South-East Asian Nations (ASEAN) are already taking steps to ward off that dark future. Upon the initiative of Mahathir Mohamad, Prime Minister of Malaysia, the ASEAN Heads of Government will meet in Brunei Darussalam in November this year to jointly address region-specific HIV/AIDS issues. We hope that such commitment at the highest political level will provide leadership within our countries and in the region. This, we trust, will illustrate what can be achieved when countries work together to address an issue of mutual concern.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency Mr. Arnoldo Víctor Castillo, National Secretary for Health Care, Ministry of Health of Argentina.

Mr. Castillo (Argentina) (*spoke in Spanish*): The Argentine Republic is participating in this important special session in the hope that the political will expressed here and the commitments made will improve the quality of life for people affected by HIV/AIDS all over the world.

Argentina, like the majority of Latin American countries, has seen rapid growth in the epidemic. Although the epidemic in Latin America has not reached the magnitude seen in other regions, we note with concern and fear that if we do not adopt urgent measures, in a few years the spread of the epidemic might reach levels as high as those in the most affected countries. We may also see a deterioration of development indicators. It is for that reason that since December 1999, when President Fernando de la Rúa took office, the Government of my country has made the fight against AIDS one of its priorities.

We believe it is essential to inform people of the scale of the epidemic so that not only policy makers but all of society will be aware of it. We are convinced that the epidemic will be brought under control only if all of society — both people and government — work together to that end. It is inconceivable that

Governments alone can respond successfully to the epidemic; nor is it likely that individuals and organized civil society groups will be able to do so either. HIV/AIDS compels civil organizations and Governments to find new ways to share activities and work together. This is a way of strengthening and consolidating democracy.

That is why the Government of Argentina is working together with non-governmental organizations to develop preventive efforts such as the campaign aimed at vulnerable groups — intravenous drugs users and their sexual partners, men who have sex with men, and sex workers. In addition, both national and provincial governments are providing financial support to non-governmental organizations and groups representing people living with HIV/AIDS so that they can redouble their efforts for prevention.

This year, the national Government has been crafting a massive prevention campaign to provide information and raise awareness among the whole population. The first stage is directed at people under 25 years of age, since they are the most commonly affected.

Argentina considers that, for HIV/AIDS, prevention cannot be separated from care, support and treatment. That is why we believe that people living with HIV/AIDS should be agents for the spread of prevention and care. In that connection, the Ministry of Health, acting jointly with other ministries such as the Ministry of Labour, recently began to support projects for people living with HIV/AIDS. Those activities will aim to strengthen organizations representing people living with HIV/AIDS and those affected by the epidemic throughout the country.

Argentine legislation guarantees free access to medication and comprehensive care for those who need them — through the Ministry of Health for those who have no medical insurance. There have been 15,000 such people this year, accounting for about 75 per cent of those receiving antiretroviral treatment. Since 1995, 4,500 people have received this kind of care though social security, and 500 through private insurance.

The Ministry of Health has been providing free medication since 1993; thanks to the mobilization of civil society, the number of beneficiaries has increased since 1997. This has led to a 20 per cent reduction in the number of AIDS deaths. The greater survival rate has been accompanied by a better quality of life, which is the central goal of Government action on HIV/AIDS. The cost of this kind of care entails a significant — and fully justified — economic effort by the Government. Here, it has to be said that in the past year a reduction of 72 per cent in the cost of antiretroviral drugs has been achieved owing to increased competition among manufacturers and to very active negotiations by the Ministry of Health.

We are worried by the high vulnerability of young women and by its consequences for mother-to-child transmission. Better enforcement of existing legislation led in 2001 to a significant reduction in incidence among children born of mothers who received AZT treatment. These first achievements strengthen our commitment, because thousands of women, young men and girls are being infected, and we must increase our efforts to avoid this.

That is why Argentina hopes that the commitment that we shall agree upon today will be a step forward in this fight. If every country acts more effectively against AIDS, within similar frameworks protecting human rights and personal dignity, the outcome will be effective.

Argentina is committed to supporting all nations, and at the same time hopes for their support, so that together we can overcome the epidemic. It is our aspiration that this will lead to greater equality and justice in the world, without discrimination among people. A commitment by all countries will make this possible; only thus can we give meaning to the suffering of so many people all over the world.

The Acting President (*spoke in Russian*): I call next on His Excellency Mr. Amraiya Naidu, Chairman of the delegation of Fiji.

Mr. Naidu (Fiji): Fiji congratulates the President of the General Assembly, along with Her Excellency Ambassador Penny Wensley of Australia and His Excellency Ambassador Ibra Ka of Senegal, the facilitators, on having arrived at a draft declaration of commitment and on having made such excellent preparations for the special session. This session may serve to turn the tide against the increasing impact of HIV/AIDS 20 years after it was first detected. We hold great hopes in that regard, for we know that HIV/AIDS is preventable. We also commend the Secretary-General for his personal leadership in our global struggle against the ravages of HIV/AIDS.

It is certainly true that poverty is the biggest enemy of health, and a major factor in the spread of HIV/AIDS in the developing world. We agree also with the Secretary-General's statement that we shall not finally defeat AIDS, tuberculosis, malaria or any of the other infectious diseases that plague the developing world until we have also won the battle for safe drinking water, sanitation and basic health care.

The HIV/AIDS pandemic is now a problem beyond comprehension. It destroys social infrastructure, causes economic disaster and threatens global security, and it will continue to affect human security if it is left unchecked. No one is immune to this global scourge, including my own country, Fiji.

By global standards, the number of HIV cases reported in Fiji may be insignificant, but it is alarming given the small size of our population. Sixty-eight HIV/AIDS cases were confirmed between 1989 and 2000. More alarming is the high number of traditional sexually transmitted infections, which may indicate an underestimate of unreported cases. Of the 68 reported cases, more than 40 per cent are in people between the ages of 20 and 29. The incidence of HIV/AIDS in Fiji is displaying trends that have been seen in countries that are now experiencing catastrophic problems. We envisage, therefore, an aggravated impact in terms of loss of lives and productivity, social dislocation, and other related problems among a small population such as ours in Fiji.

The guiding principle of Fiji's strategic plan for combating HIV/AIDS is primarily to prevent and control the spread and impact of HIV/AIDS and other sexually transmitted infections in the Fiji islands. The plan was crafted to have a rights-based approach which ensures, without making judgements, the right of individuals to information and to free voluntary screening, along with providing for appropriate full community support and care for people living with HIV/AIDS. In implementing the plan, the Government of Fiji has endorsed and declared political support and commitment to the fight against HIV/AIDS over the next decade.

Most important, we can begin to win this battle if we successfully reverse attitudes and behaviour, and if we instil a stronger sense of belonging and community values. Stigmatization continues to prevent our people from accessing the prevention and care services they need. It undermines confidentiality, especially in small Pacific island countries such as ours; this leads also to underreporting. Other cultural norms contribute in similar fashion to marginalization and alienation. We need to revisit them if we are serious about checking the spread of HIV/AIDS. Uninformed societal, religious and cultural intolerance and antagonism are disincentives to public awareness and to voluntary access to information on HIV/AIDS transmission and prevention.

The Government of Fiji seeks to promote a supportive and enabling environment for women, children and other vulnerable groups, including sex workers and men who have sex with men, by addressing underlying prejudices and inequalities through community and multisectoral dialogue. Appropriate policy and legislative reforms are also in order to strengthen privacy, confidentiality and non-discrimination with respect to people living with HIV/AIDS.

Programmes to prevent HIV/AIDS and other sexually transmitted infections are being developed in consultation with all stakeholders, in particular non-governmental organizations and civil society. Inroads will need to be made in the corporate and private spheres, especially in developing research and in resource mobilization.

We recognize that a comprehensive multisectoral fight against HIV/AIDS, tuberculosis and other infectious diseases can succeed only with adequate human and financial resources. We remain confident that this Assembly will show that it is committed to complementing the limited capacity of developing and least developed countries to sustain their national efforts against the pandemic. It is therefore important that the strategies and resource mobilization plans that emanate from this special session be attuned to their special needs and their wider developmental goals.

The establishment of the global AIDS and health fund provides the needed catalyst for our concerted efforts to eradicate major infectious diseases, including HIV/AIDS. We applaud the contributions to date by the Governments of Japan, France, the United States of America and other donor countries. We make a humble plea to other developed partners to willingly boost the fund further to arrest the spread of the HIV/AIDS scourge. While the fund is earmarked for preventive strategies, we equally urge recognition of the rights of people living with HIV/AIDS to have appropriate care,

treatment and support. For that purpose, Fiji longs to see affordable drugs and medicines become accessible in the immediate future for those in need, through international and multisectoral partnerships and collaboration.

To conclude, let me pledge my Government's full support for the declaration of commitment that will be adopted this evening at this very special session.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency Mr. Alisher Vohidov, Chairman of the delegation of Uzbekistan.

Mr. Vohidov (Uzbekistan) (*spoke in Russian*): First of all, allow me to express our sincere gratitude to the Ambassador of Australia, Ms. Penny Wensley, and the Ambassador of Senegal, Mr. Ibra Ka, for preparing the draft declaration of commitment and for their considerable contribution to this session.

The convening of this special session of the General Assembly on HIV/AIDS shows that the world community has become aware of the global character of the problem of this disease and the need to develop general approaches to resolving it. The Republic of Uzbekistan considers that acquired immunodeficiency syndrome is a moral, economic and social problem, the solution of which requires considerable efforts. Despite the fact that we have a population of 24 million people in our Republic and have registered only 230 HIV-infected persons, our Government attaches special attention to solving the problem of HIV/AIDS.

Given the increasing rate of HIV infection, it is now necessary to adopt an Uzbek national programme with the purpose of stabilizing the epidemiological situation on HIV/AIDS and preventing the mass spread of the infection, above all among youth. The main tasks of the national programme are to decrease the rate of increase in HIV infections, to improve the epidemiological monitoring of HIV/AIDS, to ensure the safety of donor blood and any other biological fluids and to provide social protection for HIV-infected persons and their families.

In the Republic of Uzbekistan, we are carrying out research and development in epidemiology, diagnostics, treatment and prophylaxis in relation to HIV infection. We are also strengthening medical institutions in terms of materials, technology and equipment.

Today we have created a national strategic planning programme on measures to counter the HIV/AIDS epidemic. The national strategic plan for the years 2001 to 2005 is aimed at carrying out the following tasks: creating favourable legislative conditions for vulnerable groups of the population; improving information and educational programmes through the media; creating and implementing programmes for vulnerable strata of the population; ensuring medical help and social support for HIV patients and those suffering from AIDS; and implementing monitoring, control, assessment and research and development work in the whole area of HIV/AIDS.

One of the priorities today is to address the problem of injecting drug users in the Republic. This group shows a steady growth trend because of the accessibility of drugs and social and economic factors. Those who are using drugs are very much at risk of infection, because of the closed nature of that population, weak systems of information and the very risky behaviour. Unfortunately, in our Republic we still have limited possibilities for anonymous treatment, and we also have a shortage of medication.

I should point out that in Uzbekistan, 64 per cent of the population is young, between the ages of 15 and 29. Those in this age group who start using drugs and taking part in the sex trade are most vulnerable to the danger of infection by HIV.

In the Republic, we are doing what is necessary in order to prevent in-hospital transmission of HIV infections and to ensure the safety of donated blood. At the same time, we are doing work on developing and implementing special educational programmes addressed to the population as a whole, but to young people in particular.

In Uzbekistan we have created a national coordination committee on AIDS prophylaxis. Its work is aimed at bringing in all progressive forces in our society to protect our nation from this pandemic.

The Republic of Uzbekistan receives considerable assistance and support from the United Nations system for prophylactic measures in connection with HIV infection. Technical and financial support is being given for the timely prevention of heavy and difficult medical, social and economic consequences. All of this is of particular significance at the stage where we see the beginning of the spread of HIV.

In our Republic, we have reached the successful conclusion of a programme implemented with the help of the United Nations Population Fund and the World Health Organization. We also have seminars, held in cooperation with the United Nations Educational, Scientific and Cultural Organization, providing information, education and communication to teach our young. We consider that the United Nations system should consider prophylactic measures to address the HIV epidemic and measures to strengthen the system in those countries that are at the initial stage of this pandemic. This should be considered a priority.

In Uzbekistan, we have the active functioning of non-governmental organizations that bring together all their efforts to work with risk groups. A great contribution to the prevention of HIV is the moral education of the population, particularly the youth, and religious authorities of all denominations are working in that area.

In conclusion, I would like to state that our society has now entered into an epidemic and everyone must share this responsibility. We know that only contemporary scientific projects and medical and education programmes can control this epidemiological situation. We have a moral responsibility to adopt urgent measures in conditions where we have a very complex economy, and this should all be done at the beginning of the epidemiological process itself.

The Acting President (*spoke in Russian*): I give the floor to Her Excellency Mrs. Aksoltan Ataeva, Chairman of the delegation of Turkmenistan.

Mrs. Ataeva (Turkmenistan) (*spoke in Russian*): Let me congratulate the President on his election as President of the special session and to wish him success in his important work. I should like to express gratitude to Secretary-General Mr. Kofi Annan for his efforts in organizing this session and also to ambassadors of Australia and Senegal, who have rendered great assistance in the preparation of this session and who will certainly play a positive role.

The problem of AIDS, which has been growing in the last decades, has touched almost all countries of the world and has become global. The world is concerned with the rapid spread of this virus, the burden of the illness and the lack of an effective cure. Especially worrisome is the fact that the disease has spread to children, rendering this very vulnerable group of population the most wounded and helpless in the face of this catastrophe of the twenty-first century.

World leaders, concerned with the security of the peoples, have taken upon themselves a commitment to stop the spread and do everything to reduce the scale of the human immune deficiency virus by 2015. Irrespective of how many cases of this disease are found in each particular country, the danger of its spread presents the same threat to everyone, since there is no absolute barrier against penetration of the infection into a country.

Taking the current situation into account, we support the call for the necessity to join the efforts, without delay, of all countries in implementing a comprehensive programme for prevention of the disease. This work should be headed at the highest level. Leadership at the global and national levels and mobilization of all means to fight this epidemic and their coordination, are the only effective ways, and they should be supported with adequate financing. We realize the serious social and economic consequences of the spread of HIV/AIDS, and we fully support the initiative of the Secretary-General on the creation of the global fund to fight AIDS.

Turkmenistan is among that group of countries with a low level of HIV/AIDS. In 1995, the State programme of the President of Turkmenistan, "Health", was adopted. One of its priorities is to carry out steps to prevent diseases as a combination of social, economic and medical measures.

The AIDS problem, which has a priority place in the programme, has focused attention on preventing disease among people that represent a risk group. The implementation of the strategy of the State "Health" programme must ensure that by the year 2008 95 per cent of the general public and risk groups are provided with information on HIV prevention.

In 1999 the Government of Turkmenistan adopted a national programme on AIDS prevention which envisages the definition of a national policy with regard to AIDS, the prevention of HIV transmission through blood, the prevention of prenatal HIV transmission, and the provision of all kinds of assistance and support to HIV/AIDS-infected persons and the members of their families.

In the framework of a joint project a national programme on AIDS prevention in Turkmenistan has

been implemented for 1999-2003. An inter-agency coordination committee has been established, and measures have been taken to shift the prevention activities from the centre to the periphery. The integration of various State, civil and international organizations has been increased with a view to combining efforts for the practical realization of the AIDS prevention strategy in the country, enlisting local specialists such as members of Parliament, jurists, journalists, doctors, civil society representatives and others.

The health ministry and drug manufacturers have prepared instructions for prevention clinics, an information and communication network of prevention services has been established, and training seminars for specialists from Government and civil society organizations and representatives of the mass media, including young people, have been organized. Participants in seminars on peer-group methods have prepared to begin training for high school students on prevention of AIDS, sexually transmitted diseases (STDs) and drug abuse and on forming healthy lifestyles. Extensive information campaigns are promoted to encourage community education, drawing on the mass media.

The main goal of all measures undertaken is to form a correct attitude among all layers of the population on the various aspects of AIDS and STDS, a moral and healthy culture, and awareness of epidemiological security in the medical facilities and the public service sphere.

Together with the World Health Organization, we are also dealing with treatment for women in risk groups, the main purpose of which is to lower the growth of STDS and drug abuse and prevent the spread of HIV among young women. Continuous interpretive work among all levels of the population has helped in the comprehension of the danger of AIDS infection and in reaching a turning point in formerly restricted views on the sexual aspects of the problem. This makes it possible for us to implement prevention measures that essentially are aimed at personal prevention and the responsibility of individuals to their family and society.

Implementation of the multifaceted HIV/AIDS prevention programme gives real positive results in maintaining the current low level of the epidemic situation. However, we understand that the quickly spreading drug abuse could seriously influence the spread of AIDS in the country and the region, and we count on the practical assistance of the United Nations in this aspect.

Underlining the responsibility of Governments and the importance of mobilizing forces and combining efforts for joint actions against this human catastrophe, we also assign to the United Nations and all its agencies a leading role in coordinating up-to-date, systematic assistance in introducing new ways of prevention and cure, as well as attracting financial resources for these goals. This would play a decisive role in generating a global reaction to this anguishing situation of the century.

The Acting President (*spoke in Russian*): I give the floor on His Excellency Mr. Hussain Shihab, Chairman of the delegation of the Maldives.

Mr. Shihab (Maldives): It is an honour for me to represent my country at this important special session of the General Assembly on HIV/AIDS.

Two decades have passed since the first case of HIV/AIDS was detected. During this span of 20 years, it is estimated that nearly 56 million people have been infected and over 22 million have already died. Out of this, over 4 million were children. Rich or poor, weak of strong, big or small, no continent, region or country has been spared. This global epidemic, which knows no boundaries, has become the number one health threat and a major impediment to development for many countries of the world.

Maldives, a small island developing country situated in the middle of the vast Indian Ocean, with a population of less than 300,000, is no exception.

The first case of HIV/AIDS in the country was confirmed in 1991. Since then, a total of 11 cases have been detected, of which six individuals are already deceased. Although the number of cases may be relatively small compared to that of many other countries, the potential threat that looms over us cannot be overemphasized. The rapid advances in economic and social development in our country, which have enabled our people to travel and interact frequently with the rest of the world, have also exposed us to a wide range of infectious diseases, including HIV/AIDS. Moreover, the increased inflow of tourists and the growing presence of a large expatriate workforce in our country have also contributed to the risk of exposure for local people. Another high-risk

group includes local residents who work as seamen in various parts of the world. However, a recent study shows that sexual behaviour associated with drug abuse in young people is the single greatest risk factor for HIV/AIDS infection in our country.

Several measures have been taken by the Government to prevent and control the spread of HIV/AIDS. A National AIDS Council and a National AIDS Control Programme were established in 1987 with the aim of facilitating full commitment in the prevention and control of the disease. The National AIDS Council, together with the National AIDS Control Programme, creates awareness of HIV/AIDS among the general population of the country. Steps being taken include conducting awareness programmes to prepare and enable health workers to generate accurate and adequate information concerning HIV/AIDS; training peer educators at schools; and conducting group educational activities and information education communication programmes, mostly utilizing the mass media. In addition, sentinel surveillance sites are being set up where laboratory facilities are available. As a major preventive measure, condoms are distributed or made available at all health facilities and pharmacy outlets.

My country, being both a least developed country and a small island State, encounters many difficulties in carrying out an effective programme without the help of the international community. For example, transportation difficulties within the atolls and islands of the country have made the cost of the delivery of services extremely expensive. Thus, the Government is now forced to redesign the existing surveillance programme, which is necessary to explore and understand social and behavioural changes, in order to properly monitor the impact of the disease within communities. The lack of human resources needed for the effective implementation of the programme is another important obstacle we face. Expertise, such as epidemiological skills and specialized counselling, has to be made available through training in order to effectively implement the national control activities. Training on clinical presentations on HIV/AIDS, the prevention and treatment of opportunistic infections, and symptomatic treatment are of immediate importance. Resources must be allocated for training as soon as possible so that the surveillance activities can be revamped. While we all emphasize the urgency of finding resources for treatment in order to tackle the sad plight of millions of people suffering from AIDS, we should pursue a stronger prevention and educational policy, as well as effective measures to win the battle against AIDS.

My country is confident that this special session of the General Assembly will prove to be a milestone in the fight against this deadly disease. The final outcome of this session should be forward-looking, action-oriented and realistic. It should be an outcome that all peoples of the world, regardless of their social, cultural, religious or political differences, can fully subscribe to, while at the same time maintaining its primary focus on rolling back and eventually halting this global epidemic.

If we are to successfully implement the commitments we make and the goals we will set at this special session, it is absolutely essential that all countries fully demonstrate their political will and commit the financial resources required. The active and dedicated contributions of civil society and other major stakeholders, such as the pharmaceutical industry and the large multinational corporations, are also vital. Unless financial resources and technical assistance are forthcoming, the developing countries, especially the least developed among them, will not be able to sustain the momentum that is undoubtedly necessary to fight this deadly disease.

Before I conclude, allow me to welcome the recent initiative of the Secretary-General to set up the global AIDS and health fund. We sincerely hope that the targets set for the fund will soon be achieved. We join others in thanking those countries, organizations and individuals that have so generously contributed to the fund so far. We call upon all concerned to contribute generously to the fund.

The Acting President (*spoke in Russian*): I now call on His Excellency Mr. Jackeo Relang, Chairman of the delegation of the Marshall Islands.

Mr. Relang (Marshall Islands): His Excellency President Kessai Note asked me to convey his best wishes and expressions of commitment to this special session. Regrettably, his schedule prevented him from being with us today. I am honoured to make a few remarks on behalf of the delegation of the Republic of the Marshall Islands.

At the outset, my delegation commends the important role and dedication of Ambassador Wensley

of Australia and Ambassador Ka of Senegal, which led to this very important special session, and applauds the leadership of Secretary-General Kofi Annan. His personal commitment and the guidance contained in his impressive report are greatly welcomed and appreciated. My delegation associates itself with the statement to be made later today by the Minister of Health of Tuvalu on behalf of the members of the Pacific Islands Forum.

Humanity is confronted with the grave challenge of how to effectively respond to the spread of the deadly disease HIV/AIDS. While we respect each other's diverse cultures, religious beliefs, traditions and other concerns, the destructive force of HIV/AIDS respects no national borders.

Given the limited resources of the Marshall Islands, the lack of adequate infrastructure, the high cost of drugs and a weak technical capacity to effectively fight the spread of HIV/AIDS and other infectious diseases, one confirmed case of a person infected with HIV/AIDS is one case too many, and is a heavy burden that places pressure on our already heavily burdened health-care system. Just like any other small island developing State, the Republic of the Marshall Islands — with a population of 60,000 people, of which more than 42 per cent are between the ages of 15 and 19 — is vulnerable to a situation which will have a far-reaching negative impact on its sustainable economic development plans.

The Republic of the Marshall Islands, along with its neighbouring countries, is faced with these peculiar situations which require revisiting our major groupings within our Organization. The vulnerability of the Marshall Islands to an escalation of HIV/AIDS is intensified due to the high mobility within and across borders, the risky lifestyle choices of youth and the traditional and cultural barriers that make it difficult to talk openly about sexual behaviours. However, the Government of the Marshall Islands must be ready to provide health and clinical services, as well as to strengthen its public-health systems in order to engage all levels of our society through education and provide awareness and prevention programmes, care and access to treatment.

The major thrust of our effort to prevent the disease from establishing a foothold in the Marshall Islands and to reduce the number of sexually transmitted infections, and of other factors that put the Republic at a high risk of HIV/AIDS transmission, is focused on prevention, surveillance and management.

The high degree of mobility of populations requires the development and implementation of improved networks and technical resources, including the exchange of basic and diagnostic information across country borders.

The partnership between the Government of the Marshall Islands and the specialized agencies of the United Nations, the United States of America and Japan to combat the spread of this infectious disease is highly appreciated. I wish also to put on record our gratitude to our European Union partners, as well as to our friends in our region.

The establishment of the fund to combat HIV/AIDS is most welcome, and I wish to applaud the Secretary-General and the cooperation and partnership of civil society, individuals and others for their generosity. We have high hopes and confidence that the fund will be effectively utilized through partnership and effective cooperative efforts. I also wish to encourage the Members of the United Nations to further consider and welcome the generosity of countries that are keen to share their knowledge and technical capacity and are collaborating with our Organization and its specialized agencies to improve the life of peoples of the world. My Government welcomes the interest of the Government of the Republic of China on Taiwan and its generosity in cooperating as a full partner of the World Health Organization and this Organization.

The Acting President (*spoke in Russian*): I now call on His Excellency Mr. Sélim Tadmoury, Chairman of the delegation of Lebanon.

Mr. Tadmoury (Lebanon) (*spoke in Arabic*): I am pleased to speak at this special session of the General Assembly devoted to HIV/AIDS because we in Lebanon are fully aware of the magnitude and seriousness of this epidemic, which is affecting the lives of more than 36 million people in the world today.

Lebanon adds its voice to the calls contained in the Millennium Declaration of September 2000, which calls attention to the need to make coordinated international efforts and to create mechanisms commensurate with the scope and magnitude of this disease.

Our concern is heightened by the extremely negative impact of the spread of this disease on the process of economic and social development in developing countries, in particular the sub-Saharan countries. This phenomenon, of course, threatens the stability and security of these countries. Therefore, it is necessary for political leaders at the international level to mobilize and coordinate efforts to address the serious consequences of this disease and to deal with its causes.

Lebanon, too, suffers from this disease, although to a lesser degree. We have had 613 cases of AIDS to date, 31 cases in the year 2000. The first case was reported in 1984, and this drew the attention of the Lebanese Government to the need to adopt a national approach to the prevention of the disease and the treatment of its victims. This approach led to the establishment in 1989 of a national body to control AIDS, and a modest budget was allocated to support its work. The body's primary tasks include prevention and the provision of the means necessary for combating this epidemic within the framework of cooperation between relevant Government bodies and associations of civil society, the private sector and specialized international institutions. The main goal has been the pursuit of preventive strategies such as education and public-awareness campaigns.

I should note that the Lebanese Government assumes all the costs of treating people living with HIV/AIDS, despite the economic crisis that our country is currently experiencing and despite our rather large budget deficit, which exceeds 47 per cent of the budget.

The problem that Lebanon is facing at present is its inability to provide the necessary means and resources to test the hundreds of thousands of migrant workers for HIV/AIDS. As a result, Lebanon calls for increased support from international specialized agencies to help it address the lack of such means and resources.

Lebanon appreciates the efforts made by the Secretary-General to combat the HIV/AIDS epidemic and attaches the utmost importance to the establishment of an effective strategy that would not only halt the spread of this disease, but would also allow us to address its consequences, especially in African countries, whose suffering and pain we share.

We also consider that the establishment of a global fund, in order to secure between $7 and 10 billion, will be a great human achievement for combating AIDS in poor countries that are in need of support. This achievement must be accompanied by measures enabling these countries to acquire HIV/AIDS drugs at a modest cost. It is only through coordinated cooperation between countries that have the means and pharmaceutical companies, and through the effective intervention of the United Nations, that we can finally attain this goal.

Today we have an opportunity to prove our solidarity as peoples and States in the fight against the greatest tragedy that has affected modern humanity. We are able to take up this challenge.

The Acting President (*spoke in Russian*): I call on His Excellency Mr. Allieu Ibrahim Kanu, Chairman of the delegation of Sierra Leone.

Mr. Kanu (Sierra Leone): It is indeed with great humility and honour that I wish to convey sincerest and warmest greetings from Alhaji Ahmad Tejan Kabbah, President of the Republic of Sierra Leone, the Government and the people of Sierra Leone to members of this Assembly. May I also take this opportunity to extend the congratulations of my delegation to you, Mr. President, upon your election to preside over this twenty-sixth special session, specifically convened to address the quagmire of the HIV/AIDS pandemic. It is Sierra Leone's fervent hope that over the course of our session, the Assembly will produce concrete results that will herald a definitive global consensus aimed at resolving this alarming issue currently threatening international peace and security.

In the same vein, our President, Alhaji Ahmad Tejan Kabbah, conveys his tribute to the Secretary-General, Mr. Kofi Annan, for the excellent way in which he has made the fight against HIV/AIDS not only a personal cause, but also a priority matter for the entire United Nations system. The Government and the people of Sierra Leone commend his leadership.

Because of the time constraint, I am going to present only selected parts of my statement. However, the full text will be distributed among delegations.

The first cases of HIV/AIDS in Sierra Leone were reported in 1987, diagnosed in the southern and eastern provinces of the country. Although the results of numerous studies to determine the magnitude of the

HIV/AIDS situation in Sierra Leone have sometimes been inconclusive, there has definitely been a gradual increase in the prevalence of the disease.

Indeed, many of the predisposing factors for this already exist. These include the breakdown in civil society as a result of the 10-year, profitless civil war; massive population displacements, with attendant losses in livelihoods and shelter; increases in prostitution, homosexuality and intravenous drug abuse; and the presence of troops from many countries where the problem is much more pronounced from an epidemiological and socio-economical point of view.

As in almost all other countries, HIV/AIDS was initially considered to be principally a health problem in Sierra Leone. Consequently, the solutions to the problem were concentrated in the health sector. With support from the World Health Organization and other United Nations agencies and organizations, the Ministry of Health established a National AIDS Control Programme Secretariat in 1986, principally to assess the situation through sero-surveillance and to initiate countrywide health education programmes. The first sero-prevalence survey conducted in the country, in 1987, showed a total of only 10 HIV antibody-positive cases, two AIDS cases and one death from AIDS-related complications. As of December 2000, a cumulative total of 1,716 HIV-positive individuals had been identified, out of which 608 AIDS cases have been recorded; 386 of those individuals have since died.

As the problem is escalating, other adverse development-related consequences of the disease are becoming more apparent. The realization is dawning that if the scourge is to be contained, the determinants that lie outside the health sector, especially the socio-economic causes and effects, must be addressed. These include economic and sociocultural characteristics such as the extent and distribution of poverty, the concentration of wealth, the position of women and gender inequalities; and cultural and traditional practices that involve both the use of skin-piercing instruments and contact with blood, such as male and female circumcision, ear-piercing, tribal marks, gum-piercing and tattooing. The roles of all of these factors are being taken into consideration in our efforts to control this scourge.

Currently, the World Bank, in partnership with UNAIDS, other United Nations agencies and other major stakeholders, is supporting the development of a multisectoral response to the emerging HIV/AIDS epidemic in Sierra Leone through the formulation of the Sierra Leone HIV/AIDS Multisectoral Project. This is to be a country programme within the context of the $500 million Multi-country HIV/AIDS Programme for the African Region. This project will help organize the response against the emerging HIV/AIDS epidemic and against sexually transmitted diseases and tuberculosis, which are important risk co-factors in the early stages of the epidemic. This is to be achieved through a multisectoral approach by containing or reducing the level of the epidemic; mitigating its effects; and increasing access to prevention services and care and support for those infected and affected by HIV/AIDS.

The emphasis will be placed on prevention among young people and women of child-bearing age groups, who are particularly vulnerable to HIV/AIDS and represent a large segment of the Sierra Leonean population. The intention is also to address the military and ex-combatants.

It is now accepted that, if unchecked, the continued spread of HIV/AIDS will dramatically alter the country's prospects for post-conflict recovery and development. It will slow economic growth, act as a further disincentive for foreign investment, further weaken the already fragile human resource base, intensify poverty and inequality, place an enormous additional burden on the Government's health budget, reduce life expectancy even further and leave the next generation of Sierra Leoneans more vulnerable to the epidemic and with less hope for the future. We now know that HIV/AIDS is not just a health problem, but one that cuts across all sectors and is a major link in the poverty cycle. This link, in conjunction with numerous others, must be broken if Sierra Leone is to survive and develop. This can be achieved only through the formulation of a multisectoral policy, with relevant strategies and activities effectively coordinated and implemented. It is in this light that the Ministry of Development and Economic Planning has been assigned a coordinating role in the formulation of a national HIV/AIDS prevention and control plan.

A major breakthrough is needed in the way people who have HIV/AIDS are treated. Even if drug cocktails were free and had no side effects, the cost of their delivery and enforcing daily compliance in rural Africa would be overwhelming. What is needed is an easily administered treatment vaccine that would

significantly reduce viral load, improve white blood cell count and enable patients to feel dramatically better, allowing them to return to a productive life and be able to take care of their families. It is therefore important and, indeed, imperative that all of us promote clinical trials using treatment vaccines.

Sierra Leone participated in the summit on HIV/AIDS, tuberculosis, malaria and related diseases held in Abuja from 24 to 27 April 2001. One of the results of the summit was the creation of a $7 to $10 billion global fund for HIV/AIDS, tuberculosis, malaria and other related diseases. Although Sierra Leone is just emerging from a 10-year war that has devastated its economy, the Government hereby pledges to make a contribution, even if of a symbolic nature, to this fund as an indication of our determination to control these diseases, which do so much to obstruct the health and development of the people of the subregion.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency Mr. Atoki Ileka, Chairman of the delegation of the Democratic Republic of the Congo.

Mr. Ileka (Democratic Republic of the Congo) (*spoke in French*): The Preamble of the United Nations Charter speaks of protecting future generations from the scourge of war. However, it is not only wars that continue to rage in many parts of the world. Today humanity faces another scourge even more daunting, the scourge of HIV-AIDS. Indeed, HIV/AIDS has caused a global epidemic much greater than what was predicted a decade ago.

UNAIDS and the World Health Organization (WHO) estimate the number of people living with HIV or AIDS at the end of the year 2000 at 36 million. Over 80 per cent of infected persons live in Africa. This, it should be recalled, represents 10 per cent of the world's population.

In his excellent report, the Secretary-General states that the magnitude and devastating impact of HIV/AIDS have caused a serious crisis in social and economic development. It is for this reason that, pursuant to General Assembly resolution 55/13, the United Nations decided urgently to organize this special session devoted to HIV/AIDS to study the problem from all its perspectives in order to confront it and ensure that the international community commit itself to better coordinate and intensify its efforts to eradicate the epidemic at the national, regional and international levels. A global commitment is therefore required to stem this disease. This special session is a decisive turning point in the battle against HIV/AIDS because it will allow us to galvanize, intensify and accelerate international action and mobilize the necessary resources.

In 1993, the Democratic Republic of the Congo was one of the first African countries to recognize the reality of HIV/AIDS among those hospitalized in the primary hospitals of the country. My country thus welcomed international scientific cooperation and was able to benefit from the valuable support of eminent American, Belgian and French researchers who, along with their Congolese counterparts, have contributed to improving knowledge about this new epidemic. This early recognition, along with sensitization efforts, was among the factors that helped us to slow the progression of HIV/AIDS among the people of the Democratic Republic of the Congo.

What is the current situation of HIV/AIDS epidemic in my country?

The multifaceted socio-economic and political crisis, which has been worsened by armed conflict, has led to a deep-seated inertia in the national programme to combat AIDS and sexually transmitted disease. It has also led to a deterioration of HIV/AIDS indicators. The average infection rate of HIV/AIDS is just over 5 per cent, with a considerable disparity between urban and rural settings, as well as between provinces. Between 1998 and 2000, the infection rate in Goma, in the interior of the country, rose from 4 to 20 per cent. It doubled in two years in the cities of Matadi and Lubumbashi. As for the capital, Kinshasa, the infection rate is 7 per cent among pregnant women and 38 per cent among sex workers. An estimated 1,259,000 persons were living with HIV/AIDS in the year 2000. Around 730,000 children under the age of 15 had lost their mothers or both parents as a result of HIV/AIDS by December of the same year.

In reality, the situation of HIV/AIDS in my country is much more alarming than what I have just described. It will continue to worsen as a consequence of the prevailing state of war, the movement of people such as refugees and internally displaced persons, the chronic poverty of the population, food insecurity and the rapes committed by men in uniform in territories under occupation.

The issue of the armed aggression that has beset my country since August 1998 due to a coalition of three neighbouring countries must continue to receive particular attention from the international community. I would like to draw the attention of the international community to the heavy price being paid by women and children — and in particular by young girls, who are victims of systematic rape. This is especially true as evidence of the use of HIV-positive soldiers as weapons of war is abundantly clear, a state of affairs has been condemned on many occasions.

In order to tackle the HIV/AIDS pandemic, the Democratic Republic of the Congo, with the support of its multilateral partners — namely, the United Nations Development Programme (UNDP), WHO and UNAIDS — has been able to draft a national policy to combat AIDS. The main guidelines of that policy are coordination, decentralization, integration, partnership and a multisectoral approach. My country has also adopted a national strategic plan for a joint, effective, broadened and lasting response to the HIV/AIDS pandemic, as well as to identify main areas of activity, such as access to essential medications and retroviral drugs.

Within the framework of our international partnership against HIV/AIDS, my Government would like to identify and take advantage of every approach and facilitate better care for persons suffering from this disease. My Government also intends to step up regional and subregional cooperation for a concerted and swift response to the HIV/AIDS pandemic. The fight against HIV/AIDS within the framework of global action cannot be carried out without new, substantial and sustained resources. We all have the duty and obligation to mobilize more resources in order to meet the challenges.

My delegation is pleased that the Abuja summit on HIV/AIDS recommended a significant increase in public health spending. We are particularly pleased with the Secretary-General's initiative to establish a global fund to combat HIV/AIDS. We continue to hope that the fund will, among other things, be able to support the efforts being carried out by Africa in conjunction with the private sector to significantly reduce the cost of primary drugs. My delegation would like to express its full appreciation to Secretary-General Kofi Annan for the efforts he has made to mobilize the international community. We would like to encourage him to keep the fight against HIV/AIDS among the priorities of his second mandate.

In conclusion, I would like to thank UNAIDS and its partners for the work they have done to organize this session. I also welcome the participation of all those involved in the fight against HIV/AIDS. I would also like to recognize the diplomatic abilities and know-how of our two facilitators, Ambassador Penny Wensley of Australia and Ambassador Ibra Deguène Ka of Senegal, and to thank them for the able way in which they carried out the preparatory work.

At the start of a new millennium, and 20 years after the discovery of this terrible disease, we must together take up the challenge. This demands generosity and courage to ensure that, once adopted, the draft declaration of commitment — finalized after difficult consultations — is earnestly implemented in a spirit of sincerity, truth and transparency. My Government affirms its unqualified support for the draft declaration.

The Acting President (*spoke in Russian*): I call next on His Excellency Archbishop Javier Lozano Barragán, President of the Pontifical Council for Pastoral Assistance to Health Care Workers of the observer delegation of the Holy See.

Archbishop Barragán (Holy See) (*spoke in Spanish*): In recognition of the importance of this special session, His Holiness Pope John Paul II joins with world leaders in their efforts to address the HIV/AIDS pandemic. In response to the letter addressed to him by the Secretary-General, Mr. Kofi Annan, His Holiness has asked me to carry his personal message to the Secretary-General and to the Assembly. The text of that message, of which I shall read out a few paragraphs, is available outside the General Assembly Hall. In his message to the Secretary-General, His Holiness writes:

> "The convening in New York from 25 to 27 June of a special session of the General Assembly to review the problem of HIV/AIDS in all its aspects is very timely. I convey my best wishes to you and to all delegations gathered there, in the hope that your work will prove decisive in the fight against this disease.
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> "The HIV/AIDS pandemic is unquestionably one of the greatest catastrophes of our time, especially for Africa. It is not merely a

health problem, because the infection has tragic consequences for the social, economic and political lives of people.

"I hail the national, regional and international efforts now under way to face the challenge through a programme of action focused on prevention and treatment of the disease. Your announcement of the forthcoming establishment of a global AIDS and health fund gives us all reason for hope. I wholeheartedly hope that the initial positive response will be soon be reflected in concrete support.

"...

"I cannot conclude this message without thanking scientists and researchers the world over for their efforts to find treatments for this terrible illness. My gratitude goes also to health care professionals and to volunteers for the love and skill with which they provide humanitarian, religious and medical assistance for their brothers and sisters.

"I pray for almighty God's blessing upon all those who are engaged in the fight against HIV/AIDS, and first and foremost upon sufferers and their families, as well as upon the participants in the special session."

On a number of occasions, the Pope has affirmed that those suffering from HIV/AIDS must have complete care and must be shown full respect, that they must be given every possible moral and spiritual assistance, and indeed that they must be treated in a way worthy of Christ himself. According to the Pope, the merciful love of God needs to be shown especially towards the orphaned children of parents who have died of AIDS. In response to the Pope's appeal, 12 per cent of those providing care to HIV/AIDS patients worldwide are agencies of the Catholic Church, and 13 per cent are Catholic non-governmental organizations. The Catholic Church is thus carrying out 25 per cent of the care given to HIV/AIDS victims, which makes the Church the major supporter of States in the fight against AIDS.

Two responses are required in the face of this evil scourge: prevention and cure. Both are of crucial importance, but prevention is preferable to cure. Preventing the disease calls for an honest assessment of its real nature as something that affects the whole person. In many cases, HIV/AIDS also implies problems of existential values; it is a true pathology of the spirit which harms not only the body but the whole person, interpersonal relationships and social life, and is often accompanied by a crisis of moral values.

Regarding the sexual transmission of AIDS, the best and most effective prevention is training in the authentic values of life, love and sexuality, whose proper appreciation will teach today's men and women how to attain full personal fulfilment through emotional maturity and through the proper use of sexuality, whereby couples remain faithful to each other and behave in ways that keep them from becoming infected by HIV/AIDS through sexual transmission. No one can deny that sexual licence increases the danger of contracting the disease. It is in that context that we understand the values of matrimonial fidelity and of chastity and abstinence. Prevention, and the education which fosters it, must take place with respect for human dignity and transcendent human destiny. They must exclude campaigns involving behavioural models that destroy life and that promote the spread of the evil in question.

As many speakers have noted, a very important factor contributing to the rapid spread of AIDS is the extreme poverty experienced by a great part of humanity. Twenty per cent of mankind owns 86 per cent of the resources; the remaining 14 per cent is shared among 80 per cent of mankind. A decisive factor in combating AIDS is undoubtedly the promotion of international social justice, in which economic considerations would no longer be the sole purpose of uncontrolled globalization. The Pope has urged Governments and the scientific community to continue HIV/AIDS research. Unfortunately, in many countries it is impossible to care for HIV/AIDS patients owing to the high cost of patented medicines. The Pope reminds us that the Church has consistently taught that there is a social mortgage on all private property, and that that concept must be applied also to intellectual property. The laws of profit alone cannot apply to essential elements in the fight against hunger, disease and poverty.

To secure greater effectiveness in the fight against AIDS, the Holy See supports plans for global coordination in combating the disease; it encourages all Governments to make full use of the power and authority of the State in responding to the epidemic; it urges, in particular, sufficient funding for combating

this scourge; it advocates increased classroom and extracurricular education about the values of life, love and sexuality; it insists on the equality of men and women, and on the elimination of all forms of discrimination against people suffering from HIV/AIDS; and it encourages spiritual support for those living with the disease.

It recommends an increased number of treatment centres, better information and education about AIDS, fuller participation by civil society in the fight against AIDS, and greater involvement of people of good will in combating the disease.

The Holy See also recommends inviting the industrialized countries to assist countries which need help in this campaign, while avoiding any semblance of colonialism; eliminating sexual exploitation, especially exploitation linked to tourism or migration; a maximum reduction in the price of antiretroviral medication for HIV/AIDS; an intensification of campaigns to prevent the transmission of the disease from mother to child; special attention in the treatment of those suffering from HIV/AIDS and the protection of AIDS orphans; and particular attention to the most vulnerable groups.

The Acting President (*spoke in Russian*): I now give the floor to His Excellency Mr. Nasser Al-Kidwa, Chairman of the observer delegation of Palestine.

Mr. Al-Kidwa (Palestine) (*spoke in Arabic*): It is an honour for me to address the Assembly on behalf of my delegation during this important special session to review the HIV/AIDS crisis and to adopt concrete measures to combat it and prevent its spread.

The HIV/AIDS epidemic has developed into one of the most devastating phenomena of the twenty-first century. Its impact and the challenges it has presented are global, affecting the entire international community and going far beyond the health sector, as it has undermined social and economic development worldwide, affecting all strata of society.

By the end of the year 2000, more than 36 million people were diagnosed with HIV/AIDS. Of these 36 million, 95 per cent live in the developing countries of the world. The majority of those infected live in Africa, particularly in sub-Saharan Africa. As the region most severely impacted by this deadly disease, Africa must receive urgent and concrete attention and assistance in its struggle to combat HIV/AIDS, which has resulted in the death of a vast number of people.

The provision of emergency and continuous assistance is indispensable, both with regard to treating infected persons and to halting the spread of this deadly disease. We cannot continue the pattern of ignoring this problem which faces so many States. In this respect, we would like to express our solidarity with our brothers and sisters in the States most affected, and we call for an increase in support of the efforts in all fields in this difficult battle against the HIV/AIDS virus.

Poverty, discrimination, stigma, crises and conflicts are among the most prominent factors that contribute to the exacerbation of the HIV/AIDS problem. They must be addressed in a serious and thorough manner. It is clear in this context that full respect for human rights and international humanitarian law would contribute significantly to promoting appropriate conditions for reducing vulnerability to HIV/AIDS within different societies.

Furthermore, a strong commitment with appropriate and urgent action is required to combat and prevent the further spread of this lethal epidemic. The development of effective preventive strategies and an increase in the availability of resources, whether human, medical, financial or technical, are urgently needed. This should be coupled with strong partnerships involving Governments, the United Nations system, intergovernmental organizations, non-governmental organizations and other relevant institutions.

The Secretary-General's call for action in which he proposes the establishment of a global fund to fight HIV/AIDS and other infectious diseases is a concrete and effective initiative that would contribute to the implementation of the goals and objectives of this special session. It would help to mitigate the impact of this deadly disease, particularly in Africa.

In Palestine, we have so far registered a relatively small number of HIV infections. Nevertheless, we have given the necessary attention to this serious disease. The Palestinian Ministry of Health has instituted policies and measures to combat and prevent the spread of the HIV virus, including free treatment and full care for the infected, given the small number of cases. In regard to prevention measures, the Ministry of Health has conducted health education and awareness

campaigns in schools, universities, labs and dental clinics, as well as for doctors working in both the governmental and private sectors.

In conclusion, the delegation of Palestine wishes to express its support for the convening of this special session devoted to discussing such a serious and critical issue that attracts the full attention of the entire international community. We strongly hope that this special session will be a pivotal turning point in the international community's fight against HIV/AIDS. Furthermore, it is our hope that the immediate future will bring increased cooperation and coordination among developed and developing nations in order to combat and ultimately eliminate this deadly disease.

The Acting President (*spoke in Russian*): We have heard the last speaker in our debate.

The final meeting of our special session will begin promptly at 3 p.m.

The meeting rose at 1.25 p.m.